

# Iron Infusion (Feraheme, Venofer, Monoferric, Injectafer)



Provider Order Form rev 12/12/2024

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Patient Name:	DOB:	Patient Phone:	
Patient Address:	Patient Email:		
Allergies:	<input type="checkbox"/> NKDA	Weight (lbs/kg): Height (in/cm):	
Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Last Infusion:	Next Due Date:	Preferred Location:

## DIAGNOSIS (Select from list or provide ICD-10 code in space provided)

<input type="checkbox"/> D50.0: iron deficiency secondary to blood loss	<input type="checkbox"/> D50.8: Other iron deficiency Anemia	
<input type="checkbox"/> D63.0: Anemia in neoplastic disease	<input type="checkbox"/> D63.1: Anemia in CKD	<input type="checkbox"/> E83.10: Disorder of iron metabolism, unspecified
Other:	Description:	

## THERAPY ADMINISTRATION (Choose one)

- Infuse iron product as required by patient's insurance.  
List in order of preference: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Infuse this product only (subject to prior authorization)  
\_\_\_\_\_

## DOSING & FREQUENCY

**Venofer Dose:**  100mg,  200mg,  300mg IV. Mix 100mg and 200mg in 100ml NS and infuse over 15min. Mix 300mg in 250mg NS and infuse over 90min.

### Venofer Frequency: (Choose one)

- every \_\_\_ days for \_\_\_ doses
- every \_\_\_ weeks for \_\_\_ doses

### Feraheme Dose & Frequency:

administer 510mg IV x2 doses (Separated by 3-8 days). Mix in 100ml NS and infuse over 15-30 minutes.

### Injectafer Dose & Frequency:

Pts over 50kg, administer 750mg IV on day 0 and day 7  
 Pts under 50kg, administer 15mg/kg IV = \_\_\_\_\_ mg on day 0 and day 7  
Mix in 250ml NS and infuse over 30 minutes.

### Monoferric Dose & Frequency

Pts over 50kg, administer 1000mg IV over at least 20min as single dose. Dilute in 100ml NS  
 Pts under 50kg, administer 20mg/kg IV = \_\_\_\_\_ mg over at least 20mins as single dose. Dilute to final concentration of 1mg/ml

## LABORATORY ORDERS

- At least one month post last infusion of iron, draw CBC with diff, ferritin, Iron, saturation, TIBC.
- Phosphorus (*indicated with injectafer*)
- Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS

- Tylenol  500mg /  650mg PO
- Loratadine 10mg PO
- Pepcid 20mg  PO /  IVP
- Benadryl  25mg /  50mg  PO /  IVP
- Solumedrol  40mg /  125mg IVP
- Other: \_\_\_\_\_

## NURSING

- Hold infusion and notify provider for history of allergy to IV iron
- Monitor patient for hypersensitivity reaction for 30 minutes post infusion.
- Place patient in reclined or semi-reclined position.
- Use with caution in patients with hypotension (*feraheme/venofer*)
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

## ADDITIONAL ORDERS

## PROVIDER INFORMATION

Preferred Contact Name:	Preferred Contact Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with oral iron, Reason for anemia (by indication)

**Required Labs:** Kidney function, CBC, Ferritin, Iron, TIBC, Iron saturation, Iron within the last 4 weeks.

Provider Name (*print*)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.