

Iron (Feraheme/Injectafer/Venofer)

Provider Order Form rev. 12/23/2021



PATIENT INFORMATION

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight lbs/kg: _____

Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

ICD-10 Code

- D63.1 non-dialysis dependent chronic kidney disease anemia
- D50.9 iron deficiency anemia
- Other: _____

SPECIAL INSTRUCTIONS

MEDICATION ORDER

- Ferumoxitol** (Feraheme) intravenous infusion
 - Dose & Frequency: initial 510mg infusion followed by a second 510mg infusion 3-8 days later
 - Dilute in 50 - 200ml 0.9% sodium chloride or 5% dextrose solution (final concentration 2mg - 8mg per ml)
 - Infuse over at least 15 minutes
 - No refills
 - Ferric carboxymaltose** (Injectafer) intravenous infusion
 - Dose & Frequency: Patients > 50kg: Two 750mg doses, 7 days apart / Patients < 50kg: Two 15mg/kg doses, 7 days apart
 - Dilute in no more than 250ml 0.9% sodium chloride
 - Infuse over at least 15 minutes
 - No refills
 - Iron sucrose** (Venofer) intravenous infusion
 - Dose:
 - 100mg in 100ml 0.9% sodium chloride over 30 minutes
 - 200mg in 100ml 0.9% sodium chloride over 30 minutes
 - 300mg in 250ml 0.9% sodium chloride over 1.5 hours
 - 400mg in 250ml 0.9% sodium chloride over 2.5 hours
 - _____
 - Frequency:
 - Once Every 2-3 days x ____ doses
 - Daily x ____ doses Weekly x ____ doses
 - Monthly x ____ doses Other: _____
- Flush with 0.9% sodium chloride at the completion of infusion
 Patient required to stay for 30-min observation period

Provider Name (Print) _____ Provider Signature _____ Date _____

REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- ANA (SLE)
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months