

Monoferric

Provider Order Form rev. 11/30/2021



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: _____

LABORATORY ORDERS

Ensure ordering provider to include/ attach a copy of current (within 30 days old) lab results (baseline CBC, Iron Panel (Iron, Transferrin, % TRF, and Ferritin) with this order-set

ICD-10 Code

- D50.0 Iron deficiency anemia secondary to blood loss (chronic)
- D50.8 Other Iron Deficiency Anemias
- D64.81 Anemia due to antineoplastic chemotherapy
- D63.1 Anemia in chronic kidney disease
- N18.9 Chronic kidney disease, unspecified

MEDICATION ORDER

If no intravenous iron product was selected, pharmacist to notify MD Ferric Derisomaltose (Monoferric)

Ferric Derisomaltose (Monoferric)

- Ferric Derisomaltose 1000mg in sodium chloride 0.9% 250 mL IV over 20 minutes x 1 dose
- If weight less than 50 kg, pharmacist to calculate dose at 20 mg/kg of body weight

SECONDARY DIAGNOSIS

- K90.9 Intestinal malabsorption, unspecified
- T50.905A Unspecified adverse effect of unspecified drug, medicinal and biological substance
- T50.995A Other drug allergy

SPECIAL INSTRUCTIONS

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

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