

Iron

(VENOFER, INJECTAFER, FARAHEME)

PROVIDERS: Please include the following information to expedite the order:
 Patient demographics, insurance information, most recent visit notes, and applicable labs

PATIENT INFORMATION

PATIENT INFORMATION **REFERRAL STATUS** New Referral Updated Order Order Renewal
 Patient: _____ DOB: _____
 ICD-10 (Required): _____ Description: _____
 Allergies: _____ NKDA Weight: _____ lb kg
 Patient Status: New to Therapy Continuation of Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
 Ordering Provider: _____ Provider NPI: _____
 Referring Practice Name: _____ Phone: _____ Fax: _____
 Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Utilize hypersensitivity protocol established by Redeemer Health Infusion Therapy Center
- Provide nursing care and observation according to Redeemer Health Infusion Therapy Center policies and procedures

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____
- Please check this box if you do NOT authorize Redeemer Health Infusion Therapy Center to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

PRE-MEDICATION ORDERS

- acetaminophen (TYLENOL) 500 mg 650 mg 1000 mg PO
- cetirizine (ZYRTEC) 10 mg PO
- loratadine (CLARITIN) 10 mg PO
- diphenhydramine (BENADRYL) 25 mg 50 mg | PO IV
- methylprednisolone (SOLU-MEDROL) 40 mg IV 125 mg IV
- hydrocortisone (SOLU-CORTEF) 100 mg IV

THERAPY ADMINISTRATION

- Ferumoxytol (FERAHEME)
Dose and Frequency: 510 mg x2 doses, separated by 3-8 days
 Dilute in 50-200 mL 0.9% sodium chloride or 5% dextrose solution (final concentration 2-8 mg/mL)
Route: Intravenous infusion
Rate: Infuse over at least 15 minutes
- Ferric carboxymaltose (INJECTAFER)
Dose and Frequency: ≥50kg: 750mg x2 doses, 7 days apart
 <50kg: 15mg/kg x2 doses, 7 days apart
 Dilute in no more than 250 mL 0.9% sodium chloride
Route: Intravenous infusion
Rate: Infuse over at least 15 minutes
- Iron Sucrose (VENOFER)

Dose	Add to	Rate	Duration
<input type="checkbox"/> 100 mg	100 mL NS	200 mL/hr	30 minutes
<input type="checkbox"/> 200 mg	200 mL NS	200 mL/hr	60 minutes
<input type="checkbox"/> 300 mg	250 mL NS	166.6 mL/hr	90 minutes
<input type="checkbox"/> 400 mg	250 mL NS	100 mL/hr	2.5 hours
<input type="checkbox"/> 500 mg	250 mL NS	62.5 mL/hr	4 hours

Frequency: Once Every 2-3 days x _____ doses
 Daily x _____ doses Weekly x _____ doses
 Monthly x _____ doses other: _____
Route: intravenous infusion

Flush: with 0.9% sodium chloride after infusion complete
Monitoring: Patient required to stay for 30-minute observation

SPECIAL INSTRUCTIONS

Redeemer Health Infusion Therapy Center will conduct peer-to-peer review(s) on behalf of the prescribing provider for any insurance denials. If you DO NOT AUTHORIZE Redeemer Health Infusion Therapy Center to do this on your behalf, check this box.

Provider Name (Print): _____ **Provider Signature (No Stamps):** _____ **Date:** _____