

# Iron (Feraheme/Injectafer/Venofer)

## PATIENT INFORMATION

Referral Status (check one):  New Referral  Updated Order  Order Renewal

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_ Weight \_\_\_\_\_ Please specify:  lbs  kg Height: \_\_\_\_\_

Patient Status (check one):  New to Therapy  Continuing Therapy | Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

**REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

## PRESCRIPTION

### PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg |  650mg |  1000mg PO  
 cetirizine (Zyrtec) 10mg PO  
 loratadine (Claritin) 10mg PO  
 diphenhydramine (Benadryl)  25mg |  50mg |  PO |  IV  
 methylprednisolone (Solu-Medrol)  40mg |  125mg IV  
 hydrocortisone (Solu-Cortef)  100mg IV  
 Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

\* Closely observe patients for signs and symptoms of hypersensitivity including monitoring of blood pressure and pulse during and after Feraheme administration for at least 30 minutes and until clinically stable following completion of each infusion.

\* Observe for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of each administration.

\* Monitor patients for signs and symptoms of hypersensitivity during and after Venofer administration for at least 30 minutes and until clinically stable following completion of the infusion.

### THERAPY ADMINISTRATION

- Ferumoxytol** (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 (choose one):

Dose	Add to	Rates	Length
<input type="checkbox"/> 100 mg	100ml NS	200 ml/hr	30 minutes
<input type="checkbox"/> 200 mg	200ml 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: \_\_\_\_\_
- Flush with 0.9% sodium chloride at infusion completion  
 Patient required to stay for 30-min observation period

## SPECIAL INSTRUCTIONS

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
 Provider Name (Print)

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date