# Iron (Feraheme/Injectafer/Venofer)

IVX HEALTH

***Provider Order Form*** *rev. 08/17/2023*

## PATIENT INFORMATION

**Referral Status:** ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

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

☐ NKDA Allergies: Weight (lbs/kg): Height:

**Patient Status:** ☐ New to Therapy ☐ Continuing 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 Code:

## NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
**NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

## 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: _____

## SPECIAL INSTRUCTIONS

*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*** |
|---|---|---|---|---|
| ☐ | 100 mg | 100ml NS | 200 ml/hr | 30 minutes |
| ☐ | 200 mg | 200ml NS | 200 ml/hr | 60 minutes |
| ☐ | 300 mg | 250 ml NS | 166.6 ml/hr | 90 minutes |
| ☐ | 400 mg | 250 ml NS | 100 ml/hr | 2.5 hours |
| ☐ | 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

**Provider Name (Print)** **Provider Signature** **Date**

**FAX NUMBERS**

| | | | | |
|---|---|---|---|---|
| ☐ AUSTIN: 512-772-2824 | ☐ CONNECTICUT: 860-955-1532 | ☐ INDIANAPOLIS: 844-983-2028 | ☐ NORTH CENTRAL FL: 352-756-4191 | ☐ RALEIGH: 919-287-2551 |
| ☐ BAY AREA: 844-889-0275 | ☐ DAYTONA: 386-259-6096 | ☐ JACKSONVILLE: 904-212-2338 | ☐ NORTH JERSEY: 551-227-2823 | ☐ SAN ANTONIO: 726-238-9950 |
| ☐ CHARLOTTE: 336-663-0143 | ☐ DELAWARE: 302-596-8553 | ☐ KANSAS CITY: 844-900-1292 | ☐ NORTHWEST AR: 888-615-1445 | ☐ SARASOTA: 941-870-6550 |
| ☐ CHICAGO: 312-253-7244 | ☐ EAST TN: 615-425-7427 | ☐ LAKELAND: 863-316-3910 | ☐ ORLANDO: 844-946-0867 | ☐ SOUTH JERSEY: 856-519-5309 |
| ☐ CINCINNATI: 844-946-0868 | ☐ FT. LAUDERDALE: 754-946-2052 | ☐ LITTLE ROCK: 501-451-5644 | ☐ PALM BEACH: 561-768-9044 | ☐ SOUTHWEST FL: 813-283-9144 |
| ☐ COLUMBUS: 844-627-2675 | ☐ HARRISBURG: 844-859-4235 | ☐ MIAMI: 786-744-5687 | ☐ PHILADELPHIA: 844-820-9641 | ☐ TAMPA: 844-946-0849 |
| | ☐ HOUSTON: 832-631-9595 | ☐ MIDDLE TN: 888-615-1445 | ☐ PIEDMONT TRIAD: 336-790-2200 | ☐ WEST TN: 888-615-1445 |