

Iron (Feraheme/Injectafer/Venofer)



Provider Order Form rev. 10/12/2022

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 09.07.2021)

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

- Ferumoxylol** (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
 - Other: _____
- 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

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> CONNECTICUT: 860-955-1532 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> TAMPA: 844-946-0849 |
| <input type="checkbox"/> CHARLOTTE: 336-663-0143 | <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> RALEIGH: 919-287-2551 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 |
| | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> EAST TN: 615-425-7427 |
| | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 | |