

# Iron (Feraheme/Injectafer/Venofer)



Provider Order Form rev. 3/25/2022

## PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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:

## 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](http://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 200ml 0.9% sodium chloride over 60 minutes
  - 300mg in 250ml 0.9% sodium chloride over 1.5 hours
  - 400mg in 250ml 0.9% sodium chloride over 2.5 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 the completion of infusion
- Patient required to stay for 30-min observation period

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

### FAX NUMBERS

- |   |   |   |   |
|---|---|---|---|
| <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"/> 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"/> BAY AREA: 844-889-0275   | <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"/> CHARLOTTE: 336-663-0143  | <input type="checkbox"/> HARRISBURG: 844-859-4235   | <input type="checkbox"/> ORLANDO: 844-946-0867      | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARTFORD: 860-955-1532     | <input type="checkbox"/> PALM BEACH: 561-768-9044   | <input type="checkbox"/> TAMPA: 844-946-0849        |