

## IV IRON REPLACEMENT MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### ■ Diagnosis

- |                                                                         |                                                                      |
|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> D50.0 Iron deficiency anemia due to blood loss | <input type="checkbox"/> D63.1 Iron anemia in chronic kidney disease |
| <input type="checkbox"/> D50.8 Iron deficiency anemia, other            | <input type="checkbox"/> N18.1 ESRD                                  |
| <input type="checkbox"/> D63.0 Iron anemia in neoplastic disease        | <input type="checkbox"/> _____                                       |

### ■ Details Needed for Authorization

- Laboratory results showing anemia. If other treatment has been tried, submit labs from before and after at least 3 weeks of treatment.
- Does the patient have a history of iron deficiency?
- Has oral administration of iron treatment been tried and found to be ineffective? \_\_\_\_\_
- If oral administration of iron treatment is contraindicated, not appropriate or insufficient due to severity, please submit a letter supporting the need for this treatment which can be submitted to the insurance carrier.
- If patient has CKD, does the patient have ESRD? \_\_\_\_\_
- If patient has CKD, do they require dialysis? \_\_\_\_\_

### ■ Medication Order

Patient's height in ft/in: \_\_\_\_\_ Patient's weight in lbs: \_\_\_\_\_

- Feraheme 510mg in 100ml IV normal saline over about 30 minutes, with a second dose 3-8 days later.
- Ferrlecit 125mg in 100 ml normal saline over about 60 minutes. Administer \_\_\_\_\_ dose(s) every \_\_\_\_\_ day(s) for \_\_\_\_\_ treatment(s).
- Injectafer 750mg in 100ml IV normal saline over about 30 minutes, with a second dose 7 days later.
- Venofer 100mg in 100ml IV normal saline over about 30 minutes every day for \_\_\_\_\_ days.
- Venofer 200mg in 100ml IV normal saline over about 30 minutes five times over 14 days.

### ■ Rescue Management in case of Reaction

*These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.*

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

Provider's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

### STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

**Fax this order and supporting documentation to (732) 329-2322.**