Beacon Infusion
Healthcare Services

Headquarters Location:
1075 Stephenson Ave, Suite D-2, Oceanport, NJ 07757
Telephone: (833) 223-2266 Fax: (732) 329-2322

IV IRON REPLACEMENT MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ **DOB:** _____

■ Diagnosis

☐ D50.0 Iron deficiency anemia due to blood loss
☐ D50.8 Iron deficiency anemia, other
☐ D63.0 Iron anemia in neoplastic disease
☐ D63.1 Iron anemia in chronic kidney disease
☐ N18.1 ESRD
☐ _____ _____

■ 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 in sufficient 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.

Note: Venofer is approved by FDA only for anemia in patients with chronic kidney disease. For other indications please order a different medication.

■ 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: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

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.