

Iron (Feraheme/Injectafer/Venofer)



Fax to 505-420-4848 or Email to refer@optimuminfusion.com

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 Optimum Infusion Nursing Procedures, including reaction management and post-procedure observation

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: _____

APPEALS PROCESS

Upon denial, Optimum Infusion will appeal with a Letter of Medical Necessity unless you opt out Opt out (I will manage any denial)

SPECIAL INSTRUCTIONS

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 (*Choose one dose*):
- | <u>Dose</u> | <u>Add to</u> | <u>Rates</u> | <u>Length</u> |
|---------------------------------|---------------|--------------|---------------|
| <input type="checkbox"/> 100 mg | 100ml NS | 200 ml/hr | 30 minutes |
| <input type="checkbox"/> 200 mg | 200ml NS | 200 ml/hr | 60 minutes |
| <input type="checkbox"/> 300 mg | 250 ml NS | 166.6 ml/hr | 90 minutes |
| <input type="checkbox"/> 400 mg | 250 ml NS | 100 ml/hr | 2.5 hours |
| <input type="checkbox"/> 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

*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.

Provider Name (Print)

Provider Signature

Date