IRON INFUSION ORDERS

**P:** 945.212.3707 **| F:** 866.790.3580

☐ Home Infusion ☐ Alternate Site of Care

	FORMATION:	Fax completed for	m, insurance information, ar	nd clinical documentation to 866.790.3580	
Patient Name:			DOB:	Phone:	
	□ New to Therapy				
MEDICAL INI	ORMATION				
Patient Weight:	lbs. (required) All	ergies:			
Primary ICD-10:			Secondary ICD-10:	(Medicare required)	
**Medicare will	not cover ICD-10 D50.9**	*	_	sease 🔲 Intestinal Malabsorption	
Iron Deficienc	•		Chronic Kidney Dis	-	
	y Anemia s/t inadequate			ther drug (oral iron intolerance or not adequate) essity:	
U Other medica	I necessity:			=>>ity	
VENOFER TH	IERAPY ORDER				
Venofer 200mg	IV - Administer 5 doses o	ver a 14 day period			
Venofer 200mg IV weekly x 5 weeks					
Other:					
INJECTAFER	THERAPY ORD	ER			
**If the patient has a	Aetna, Cigna, Humana, or	r UHC, the patient mu	st try and fail Venofer first (	or have a letter of medical necessity**	
	less than 50kg (110 lbs.)	)	Patient weighing 50kg		
Dose: Injectafer 15 Sig: Give 2 doses	at least 7 days apart not "	to exceed 1500mg	Dose: Injectafer 750mg Sig: Give 2 doses at lea	ast 7 days apart not to exceed 1500mg	
Heart failure dos	ing (standard) - please ir	dicate initial dose and	d maintenance dose (if app	licable)	
Day 1 dose:	500mg 🗌 1000mg	🗌 Administer	r a maintenance dose of 500	Omg at week 12, 24 and 36 if ferritin	
Week 6 dose: 🗌	500mg 🗌 1000mg	<100 ng/m	nL or ferritin 100-300 ng/mL	with transferrin sat <20%	
		**Serum fer	ritin and transferrin required	d prior to each maintenance dose	
Heart failure dos	ing (other, specify):				
MONOFEDDI					
	C THERAPY ORD		st try and fail Venofer first (	or have a letter of medical necessity**	
_	verna, cigila, numana, o	one, the patient mu		of have a letter of medical necessity	
I RATIONT WOLGNING	Less than 50kg (110 lbs	<b>`</b>		a (110 lbs ) or greater	
	<b>g less than 50kg (110 lbs.</b> : 20mg/kg IV x 1 dose	)	Patient weighing 50k		
Dose: Monoferrio	20mg/kg IV x 1 dose				
Dose: Monoferric	20mg/kg IV x 1 dose		<b>Patient weighing 50k</b> Dose: Monoferric 1000	Omg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders:	20mg/kg IV x 1 dose	requency:	Patient weighing 50k Dose: Monoferric 1000 Required labs to b		
Dose: Monoferric Other orders: Lab orders: Grue	20mg/kg IV x 1 dose F m ferritin & transferrin at	requency:	Patient weighing 50k Dose: Monoferric 1000 Required labs to b	Omg IV x 1 dose	
Dose: Monoferric	20mg/kg IV x 1 dose F m ferritin & transferrin at	requency:	Patient weighing 50k Dose: Monoferric 1000 Required labs to b	Omg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders: Grue Anaphylactic React • Epinephrine (bas • >30kg (>6	E 20mg/kg IV x 1 dose F Im ferritin & transferrin at Ion Orders: Med on patient weight) 66lbs): EpiPen® 0.3mg or co	requency: 12, 24, & 36 weeks (Inj mpounded syringe IM o	Patient weighing 50k Dose: Monoferric 1000 Required labs to b ectafer in heart failure) r subQ; may repeat in 5-10 mir	omg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders: Seru Anaphylactic React • Epinephrine (bas • >30kg (>6 • 15-30kg (3	E 20mg/kg IV x 1 dose F Im ferritin & transferrin at Ion Orders: Med on patient weight) 66lbs): EpiPen® 0.3mg or co 53-66lbs): EpiPen® 0.15mg o	requency: 12, 24, & 36 weeks (Inj mpounded syringe IM o or compounded syringe	Patient weighing 50k Dose: Monoferric 1000 Required labs to b ectafer in heart failure) r subQ; may repeat in 5-10 mir M or subQ; may repeat in 5-10	omg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders: Gravitational Serue Anaphylactic Reaction • Epinephrine (bass • 30kg (>6 • 15-30kg (3 • Solu-Medrol 125m	E 20mg/kg IV x 1 dose F Im ferritin & transferrin at Ion Orders: Ted on patient weight) 56lbs): EpiPen® 0.3mg or co 53-66lbs): EpiPen® 0.15mg o ng IV as needed (adult), refe	requency: 12, 24, & 36 weeks (Inj mpounded syringe IM o or compounded syringe er to provider orders or	Patient weighing 50k Dose: Monoferric 1000 Required labs to b ectafer in heart failure) r subQ; may repeat in 5-10 mir M or subQ; may repeat in 5-10	omg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders: Grue Anaphylactic React • Epinephrine (bas • 30kg (>6 • 15-30kg (3 • Solu-Medrol 125m • NS 250-500 mL Flush orders: NS 1-2	E 20mg/kg IV x 1 dose F Im ferritin & transferrin at ion Orders: Ied on patient weight) 16lbs): EpiPen® 0.3mg or co 13-66lbs): EpiPen® 0.15mg o ng IV as needed (adult), ref IV bolus as needed (adult), OmL pre/post infusion PR	mpounded syringe IM o r compounded syringe sor refer to provider orders or refer to provider orders or	Patient weighing 50k Dose: Monoferric 1000 Required labs to b Rectafer in heart failure) r subQ; may repeat in 5-10 mir M or subQ; may repeat in 5-10 policy for pediatric dosing	omg IV x 1 dose pe drawn by:  Vital Care  Referral Source nutes x 1 minutes x 1	
Dose: Monoferric Other orders: Lab orders: Grue Anaphylactic React • Epinephrine (bas • 30kg (>6 • 15-30kg (3 • Solu-Medrol 125m • NS 250-500 mL Flush orders: NS 1-2	E 20mg/kg IV x 1 dose F Im ferritin & transferrin at Ion Orders: Ted on patient weight) 56lbs): EpiPen® 0.3mg or co 53-66lbs): EpiPen® 0.15mg o ng IV as needed (adult), refe IV bolus as needed (adult),	mpounded syringe IM o r compounded syringe sor refer to provider orders or refer to provider orders or	Patient weighing 50k Dose: Monoferric 1000 Required labs to b ectafer in heart failure) r subQ; may repeat in 5-10 mir M or subQ; may repeat in 5-10 mir M or subQ; may repeat in 5-10 mir or policy for pediatric dosing or policy for pediatric bolus	omg IV x 1 dose pe drawn by:  Vital Care  Referral Source nutes x 1 minutes x 1	
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Dose: Monoferric Other orders: Lab orders:	F F F F F F F F F F F F F F	Frequency: 12, 24, & 36 weeks (Inj mpounded syringe IM o or compounded syringe er to provider orders or refer to provider orders N and Heparin 10U/mL	Patient weighing 50k Dose: Monoferric 1000 Required labs to b ectafer in heart failure) r subQ; may repeat in 5-10 mir M or subQ; may repeat	Domg IV x 1 dose	
Dose: Monoferric Other orders: Lab orders: Seru Anaphylactic React • Epinephrine (bas • 30kg (>6 • 15-30kg (3 • Solu-Medrol 125m • NS 250-500 mL Flush orders: NS 1-22 PROVIDER IN By signing this form and u agent in dealing with medi Provider NPI:	F F F F F F F F F F F F F F	Frequency: 12, 24, & 36 weeks (Injoin or compounded syringe IM or compounded syringe er to provider orders or refer to provider orders or refer to provider orders or and Heparin 10U/mL prizing <i>Vital Care of South Dal</i> mpanies, and to select the pro Signation of the select of the pro Signation of the select of the pro Signation of the select of the select of the pro Signation of the select of the	Patient weighing 50k Dose: Monoferric 1000 Required labs to B Rectafer in heart failure) Required labs to B Rectafer in heart failure r subQ; may repeat in 5-10 min M or subQ;	Domg IV x 1 dose	
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## **PATIENT INFORMATION:**

Patient Name:	DOB:
<b>REQUIRED DOCUMENTATION FOR REFERRAL PRO</b>	<b>DCESSING &amp; INSURANCE APPROVAL</b>
Include signed and completed order (MD/prescri	ber to complete page 1)
Include patient demographic information and inst	urance information
Include patient's medication list	
Supporting clinical notes (H&P) to support prima	ry diagnosis
Does the patient have an intolerance, contrain	dication, or documented tried and
failed use of oral iron? 🛛 Yes 🗍 No	
Does the patient have an intolerance or document	nented tried and failed use of an IV
iron product? $\Box$ Yes $\Box$ No If yes, which dru	Jg(s)?
Labs showing iron deficiency anemia attached	
Other medical necessity:	
REQUIRED PRE-SCREENING	
Labs indicating iron deficiency anemia - please a	attach

Vital Care will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

## Please fax all information to (866) 790-3580 or call (945) 212-3707 for assistance

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