Palmetto INFUSION

MRN:_____

DOB:_____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

STANDARD PLAN OF TREATMENT for Iron Replacement

NOTE: We may require a Letter of Medical Necessity (depending on diagnosis) in order to verify eligibility and payment for this treatment through the patients Medicare and/or other insurance plan.

1. Patient Name:_____ Height (inches):_____ Weight (lbs):_____

2. Allergies: _____

Diagnosis: ☐ D50.9 Iron deficiency Anemia –unspecified ☐ D50.0 Iron deficiency anemia secondary to blood loss (chronic)

☐ O99.019 Anemia complicating pregnancy, unspecified trimester ☐ Other ICD-10 Code: _____

4. Premeds:_____

5. Iron Dose: ☐ **Pharmacist to dose:**_____

(Check preferred product below and Pharmacist will dose, requires Hemoglobin and Hematocrit levels within last 30 days)

☐ **Injectafer®** (ferric carboxymaltose): **Diluted in 250 ml Sodium Chloride 0.9% IV as directed over at least 30 minutes via pump**

Weight less than 50 kg: give 2 doses separated by at least 7 days, each IV dose of 15mg/kg

*** doses less than 500 mg require dilution in 100 ml Sodium Chloride 0.9% IV**

Weight of 50 kg or greater: give 2 doses separated by at least 7 days, each IV dose of 750mg

☐ **Monoferric®** (ferric derrisomaltose) IV over at least 20 minutes – administer 1 dose

Weight less than 50 kg: Administer 20 mg/kg in 100ml – 500 ml Sodium Chloride via pump as a single dose

Weight 50 kg or more: Administer 1000 mg in 100 ml – 500 ml via pump as a single dose

☐ **Infed®** (iron dextran):_____**mg** IV via pump in 250-500ml of Sodium Chloride 0.9% over 4 **hours**

Frequency: _____

Test dose of 25mg/50 ml of Sodium Chloride 0.9% IV over 15-30 minutes at pharmacist discretion

If no reaction after 30-60 minutes, then give remainder of dose over above prescribed hour(s)

☐ **Ferrlecit®** (sodium ferric gluconate complex):_____**mg** IV via pump in 100ml Sodium Chloride 0.9% for over 4 h**ours**

Frequency: _____

Test dose of 25mg/50 ml of Sodium Chloride 0.9% IV over 15-30 minutes at pharmacist discretion

If no reaction after 30-60 minutes, then give remainder of dose over above prescribed hour(s)

***Ferrlecit is indicated for patients on hemodialysis and epoetin therapy**

For Patients with Chronic Kidney Disease:

☐ **Venofer®** (iron Sucrose): _____**mg** IV via pump in 100-250ml Sodium Chloride 0.9% over _____**hour(s)**

Frequency: _____

☐ **Feraheme®** (feruoxytol) **Injection: Diluted in 250mls Sodium Chloride 0.9% IV over at least 30 minutes via pump**

☐ Initial dose of 510mg followed by second 510mg dose 3-8 days later

***Iron infusions will be followed by a 30-minute post monitoring period with each dose.**

Lab orders/Special Orders: _____

(Clinical Lab Monitoring may be required for treatment extending over 30 days. Pharmacist will perform Clinical Lab Monitoring.)

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

7. Physician's Signature:_____/_____ Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials:_____ NPI: _____

8. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com Revised 2/28/19

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Standard Guidelines for Prescribing Iron

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:**_____

____ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-8)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

____ Include patient demographic information and insurance information. (Copy of insurance cards if available)

____ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include lab results and/or tests to support diagnosis.**

- Injectafer® is an iron replacement product indicated for the treatment of iron deficiency anemia in adult patients:
  who have intolerance to oral iron or have had unsatisfactory response to oral iron;
  who have non–dialysis-dependent chronic kidney disease.
- Venofer® is indicated for the treatment of iron deficiency anemia in **patients with chronic kidney disease (CKD);**
- Infed® is indicated for the treatment of patients with documented iron deficiency in whom oral administration is unsatisfactory or impossible. Infed should be used with extreme care in patients with serious impairment of liver functions. It should not be used during the acute phase of infectious kidney disease.
- Ferrlecit®is indicated for treatment of iron deficiency anemia in adult patients and in pediatric patients age 6 years and older with **chronic kidney disease receiving hemodialysis who are receiving supplemental epoetin therapy**. .
- Feraheme® is indicated for treatment of iron deficiency anemia in adults with **chronic kidney disease**.

____ Other as requested: _____

_____

Pre-Screening:

____ **Required Hemoglobin and Hematocrit levels within last 30 days.**

____ **Other iron studies as available: Serum iron, (TIBC) total iron binding capacity, serum ferritin and transferrin saturation within last 30 days.**

** **Generalized Warnings/Precautions:** Contraindications, know hypersensitivity to iron product. •**Serious hypersensitivity reactions**: including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving Iron. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Most reactions associated with intravenous iron preparations occur within 30 minutes of the completion of the infusion. Delayed reactions have occurred 24-48 hours after administration • ***Injection site discoloration has been reported following extravasation.*** •**Hypotension/hypertension:** Monitor for signs and symptoms of hypotension/hypertension during and following each administration of Iron • **Iron Overload:** Regularly monitor hematologic responses during Iron therapy is recommended. Do not administer iron to patients with iron overload.
See full prescribing information for product specific risks, over dosage, and/or Pregnancy Category.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.

Revised 2/28/19