

**Hackensack**  
385 Prospect Avenue  
Suite 101  
Hackensack, NJ, 07601

**Marlton**  
127 Church Road  
Suite 203  
Marlton, NJ 08053



**Long Branch**  
422 Morris Avenue  
Suite 7  
Long branch, NJ 07740

**Somerset**  
81 Veronica Avenue  
Suite 202  
Somerset NJ 08873

Provider Order Form

# Iron (Feraheme/Injectafer/Venofer)

Date: \_\_\_\_\_

## PATIENT INFORMATION

|            |                   |
|------------|-------------------|
| Name:      | DOB:              |
| Allergies: | Date of Referral: |

ICD-10 code (required): \_\_\_\_\_ ICD -10 description: \_\_\_\_\_

☐ NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

**REFERRAL STATUS:** ☐ New Prescription ☐ Order Renewal ☐ Does or Frequency Change ☐ Discontinuation

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PREN-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
  - ☐ Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

\*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

## THERAPY ADMINISTRATION

- ☐ Ferumoxylol (Feraheme) intravenous infusion
  - Dose & Frequency: ☒ initial 510mg infusion followed by a second 510mg infusion 3-8 days later
- ☐ ☐ Dilutein 50 - 200ml 0.9% sodium chloride or 5% dextrose solution (final concentration 2mg - 8mg per ml)
  - ☐ Infuse over at least 15 minutes
  - ☐ No refills ☐ Other
- ☐ Ferriccarboxymaltose (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 ☐ Other
- ☐ Ironsucrose(Venofer) intravenous infusion
  - Dose:
    - ☐ 100mg in 100ml 0.9% sodium chloride over 30 minutes
    - ☐ 200mg in 100ml 0.9% sodium chloride over 30minutes
    - ☐ 300mg in 250ml 0.9% sodium chloride over 1.5 hours
    - ☐ 400mg in 250ml 0.9% sodium chloride over 2.5 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 the completion of infusion
- ☐ Patient required to stay for 30 - min observation period
- ☐ **Total doses:** ☐ 1 yr ☐ Other

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_