



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: ☐ M ☐ F Ht: _____ Wt: _____ ☐ lbs ☐ kg

Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED>

PRIMARY and SECONDARY DIAGNOSIS REQUIRED

Primary Diagnosis

- ☐ D50.0 Iron deficiency anemia (IDA) secondary to blood loss (chronic)
☐ D50.8 other iron deficiency anemias
☐ D50.9 iron deficiency anemia, unspecified
☐ D63.1 Anemia in Chronic Kidney Disease (CKD)
☐ Other (specify): _____

Secondary Diagnosis for Venofer (iron sucrose) patients w/CKD

- ☐ N18. _____ Chronic Kidney Disease (CKD) Stages 1-5, ESRD
☐ N18.9 CKD unspecified with non-dialysis dependent

Secondary Diagnosis REQUIRED (PLEASE COMPLETE CODE)

- ☐ K50. _____ Crohn's disease
☐ K51. _____ Ulcerative Colitis
☐ K90. _____ Malabsorption due to intolerance
☐ K91.2 Postsurgical malabsorption
☐ N18. _____ Chronic Kidney Disease (CKD)
☐ N92. _____ Irregular Menstruation
☐ T45.4X5A Adverse effect of iron and its compounds
☐ I50. _____ Heart Failure (HF)
☐ Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, lab results & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

LABS RESULTS: CBC, iron panel, & ferritin **MUST** indicate ID or IDA for treatment approval **within the last 28 days**

PRESCRIPTION

Pre-Medications

- ☐ Acetaminophen: 650 mg PO
☐ Cetirizine: 10 mg PO
☐ Dexamethasone: _____ mg IV
☐ Famotidine: _____ mg IV
☐ Ondansetron: 4 mg IV
☐ Methylprednisolone: _____ mg IV

Lab Orders

- ☐ CBC w/diff: every _____ ☐ weeks ☐ month
☐ CMP: every _____ ☐ weeks ☐ month
☐ Other: _____ ☐ weeks ☐ months

Feraheme (ferumoxytol) (SELECT ONE)

- ☐ IV: Infuse 510 mg x 2 doses with at least 3-8 days apart

Is your patient currently on or failed oral iron? ☐ yes ☐ no

If yes, please note medication: _____

If no, oral iron will need to be trialed for at least 3 months

INFeD (iron dextran) (SELECT ONE)

- ☐ IV: Infuse 1000 mg x 1 dose
**** Test dose of 25 mg required if first dose. Administration is over 5 minutes with an observation period of 60 minutes
 If there is no reaction, will infuse remaining dose of 975 mg over 60 minutes ****

Injectafer (ferric carboxymaltose) (SELECT ONE)

- ☐ IV: Infuse 750 mg x two doses with at least 7 days apart
☐ IV: Infuse 750 mg weekly x _____ doses
☐ IV: Infuse _____ mg weekly x _____ doses

Venofer (iron sucrose) ** indicated for the treatment of patients with CKD (SELECT ONE)

- ☐ IV: Infuse 200 mg x 5 doses over two weeks with at least one day apart
☐ IV: Infuse 200 mg weekly x _____ doses
☐ IV: Infuse _____ mg x _____ doses with at least one day apart
☐ IV: Infuse _____ mg weekly x _____ doses

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____

Date: _____ NPI # _____ Specialty: _____

Office phone #: _____ Office Fax #: _____

USE THE INFORMATION BELOW TO COMPLETE IV IRON REFERRAL ORDER FORM

Requirements

Documentation

Chart notes must document a confirmed diagnosis of iron deficiency (ID) or iron deficiency anemia (IDA) per FDA guidelines of the medication to be ordered secondary to intolerance or an unsatisfactory response to oral iron, chronic inflammatory conditions (i.e. – Crohn's, Ulcerative Colitis, Gastroparesis, Celiac's disease), chronic kidney disease (CKD), or Heart Failure.

Diagnosis

Complete primary and secondary diagnosis ICD-10 codes are **REQUIRED**.

Labs

CBC, iron panel, ferritin (must be completed within 28 days of receiving referral).

Iron Products + FDA Guidelines

Feraheme: Indicated for treatment in patients with IDA in adult patients who have intolerance or an unsatisfactory response to oral iron or who have CKD.

INFeD: Indicated for treatment in patients with documented ID (E61.1) who have intolerance or an unsatisfactory response to oral iron.

Injectafer:

- Indicated for the treatment of IDA in patients who have either intolerance or an unsatisfactory response to oral iron or adult patients who have non-dialysis dependent CKD.
- Indicated for the treatment of ID in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.

Venofer: Indicated for the treatment of IDA in patients with CKD.

- Medicare: patients must have documented CKD stages 4, 5, or ESRD.

Exceptions

Insurances with preferred IV iron products

- Aetna: INFeD, Venofer
- Atrio: INFeD, Venofer
- Cigna: INFeD, Venofer
- Moda: INFeD, Venofer
- Health Net: Feraheme, Venofer
- UHC: Feraheme, INFeD, Venofer

Pregnancy patients with IDA

- Venofer is the preferred drug and will be a case by case depending on insurance company criteria.



***** Please ensure all documents are accurate and orders are placed correctly with the above listed items prior to sending referrals. *****