



IRON DEFICIENCY ANEMIA

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ EMAIL: _____

ALLERGIES: SEE LIST NKDA WEIGHT: LB OR KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Medication List 5. Recent Iron Panel / H&H
6. Intolerance or unsatisfactory response to oral Iron supplementation

PRIMARY DIAGNOSIS

- D50.0 Iron deficiency anemia secondary to blood loss (chronic) D50.8 Other iron deficiency anemias
- D50.9 Iron deficiency anemia, unspecified D63.1 Anemia in chronic kidney disease
- D64.9 Anemia, unspecified N18.3 Chronic kidney disease, stage 3 (moderate)
- N18.4 Chronic kidney disease, stage 4 (severe) N18.5 Chronic kidney disease, stage 5
- N18.9 Chronic kidney disease, unspecified Other _____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

- Per infusion clinic protocol: There are no recommended standard pre-meds
- Provider Prescribed: _____

PRIMARY MEDICATION ORDER

- Injectafer**-750mg IV x 2 doses Separated by ~7 days Covers: D50.0, D50.8, D50.9 Requires 2 failed trials of Infed/Ferrlecit/Venofer for some payers
- Sodium Ferric Gluconate (Ferrlecit)** -125mg IV x 2 doses Separated by ~3 days Covers: D50.0, D50.8, D50.9 | First-line for non-CKD
- Venofer** - 200mg IV x _____ doses (5 dose standard) Separated by ~5 days (Covers ONLY: N18.3, N18.4, N18.5, N18.9 | Denied for D50.x alone.
- Monoferric** - 1,000mg IV x 1 dose (or _____ mg) Covers: D50.0, D50.8, D50.9 | most payers require CKD (N18.x)
- Feraheme** -510mg IV x 2 doses Separated by ~5 days Covers: D50.0, D50.8, D50.9 | Requires 2 failed trials of Infed/Ferrlecit/Venofer
- Other _____
- FIRST DOSE?: Yes No Refill x12 months unless otherwise noted _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
- Other Flush Orders: Please send other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifespecialtysolutions.com for detailed policy)
- Other: (Please send other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____

OFFICE CONTACT: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

X _____ DATE _____

PROVIDER SIGNATURE