

PATIENT INFORMATION		PROVIDER INFORMATION	
Name:		Contact Name:	
DOB:		Address:	
Address:		Phone:	
Height:	Weight:	Fax:	
MEDICAL INFORMATION – Please Attach a Copy of Patient Demographic, Clinical/Progress Notes, and Recent Labs			
Allergies: _____			
Primary ICD-10: _____			
<input type="checkbox"/> Iron Deficiency Anemia <input type="checkbox"/> Iron Deficiency – unspecified <input type="checkbox"/> Iron Deficiency Anemia Secondary to Inadequate Dietary Iron Intake <input type="checkbox"/> Other Medical Necessity: _____			
Secondary ICD-10: _____			
<input type="checkbox"/> Intestinal Malabsorption <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Adverse Effect of Other Drug (oral iron intolerance or not adequate) <input type="checkbox"/> Other Medical Necessity: _____			
LAB ORDERS			
Lab Orders: _____			
Labs: Required labs to be drawn by: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Infusion Clinic			
Prescription Order			
Venofer		Injectafer – iron deficiency anemia	
Iron Deficiency Anemia in CKD		<input type="checkbox"/> Patient <50 kg: INJECTAFER 15MG/KG IV – Give 2 doses at least 7 days apart not to exceed 1500 mg <input type="checkbox"/> Patient ≥ 50 kg: INJECTAFER 750MG IV – Give 2 doses at least 7 days apart not to exceed 1500 mg	
<input type="checkbox"/> Hemodialysis-dependent CKD: 100 mg during consecutive dialysis sessions (up to 10 doses) <input type="checkbox"/> Peritoneal dialysis-dependent CKD: 200 mg IV – 300 mg x2 doses at least 14 days apart, followed by a single 400 mg infusion 14 days later (total 1000 mg in 3 divided doses) <input type="checkbox"/> Non-dialysis dependent CKD: 200 mg administered on 5 different visits within a 14-day period (total 1000 mg in 14-day period)		Monoferic – iron deficiency anemia	
Iron Deficiency Anemia without CKD (off-label) <input type="checkbox"/> 100 to 300 mg per dose, repeat until total iron requirements are met		<input type="checkbox"/> Patient <50 kg: MONOFERRIC 20 mg/kg as a single dose <input type="checkbox"/> Patient ≥ 50 Kg: MONOFERRIC 1000 mg single dose or up to 3 doses of 500 mg over 7 days	
Other: _____			
PRESCRIBER SIGNATURE			
Physician Signature: _____		Date: _____	
Physician Name: _____		NPI: _____	