



Patient Name:
DOB:
Address:
Cellphone:

AVH Infusion Center P 603-326-5782 F 603-326-5971
Monday - Friday 8am-4pm

IV Iron Replacement Therapy

Please send copy of Prior Authorization with this form, if required

Status [] New Therapy [] Order Renewal [] Dosage or Frequency Change

Diagnosis [] ICD 10 Code: D50. ___ Iron Deficiency Anemia
[] ICD 10 Code: N18. ___ Chronic Kidney Disease (CKD)
[] ICD 10 Code: ___ Other: ___

Pertinent Medical Hx Patient' weight (most recent): ___ lbs / kg (circle one) Date: ___
Intolerance or unsatisfactory response to oral iron? (Provide documentation) [] Yes [] No

Labs Hemoglobin: ___ Date: ___
Hematocrit: ___ Date: ___

Follow-up Labs: [] CBC [] Fe Studies

Due: ___
Other Labs (please specify what/when): ___

Premeds [] No premeds necessary
[] Acetaminophen (Tylenol) [] 500mg / [] 650mg / [] 1000mg PO
[] Loratadine (Claritin) 10mg PO - OR - [] Diphenhydramine (Benadryl) 25mg PO
[] Other: ___

Medication Order [] Injectafer (ferric carboxymaltose) 750mg IV x 2 doses, separated by at least 7 days
[] Venofer (iron sucrose) ___mg IV x ___ doses, every ___
[] Venofer (iron sucrose) 200mg x 5 doses over 14 Days
[] Feraheme (ferumoxytol) 510mg IV x 2 doses, separated by 3-8 days
[] Monoferric (ferric derisomaltose) < 50kg actual body weight = 20mg/kg IV. > 50kg actual body weight = 1000mg IV. Give as a single dose over 30 minutes.

Monitoring Monitor for signs and symptoms of hypotension after administration of each IV infusion.
Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion.
For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Ordering provider ___ Office Number ___

Provider Signature ___ Date ___



Patient Name:
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AVH Provider Co-Signature (if required): _____

Date _____

REQUIRED DOCUMENTATION

FAX to (603)-326-5971

Clinical / Progress Notes, supporting primary diagnosis: (AVH to validate necessity of IV treatment)

- Chart Summary
- Medication/Allergy List
- Documentation of inadequate response or intolerance to oral iron therapy

Most Recent **Labs**:

- CMP and CBC
- Hemoglobin/Hematocrit w/in last 30 days
- Other iron studies as available: Serum iron, (TIBC) total iron binding capacity, serum ferritin and transferrin saturation within last 30 days.

Prior Authorization: (when required)

- Services cannot be scheduled until a valid prior authorization is obtained by the ordering provider