



Monoferric

Provider Order Form

PATIENT INFORMATION

Patient Name:		DOB:	
Patient Home Phone:	Patient Cell Phone:	Patient Email:	
Address:	City:	State:	Zip Code:
Emergency/Alternate Contact Name:		Emergency/Alternate Contact Phone:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Last infusion date (if applicable):			

REQUIRED DOCUMENTATION

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
Does the patient have an intolerance, contraindication, or documented tried and failed use of oral iron?		Yes	No
Does the patient have an intolerance or documented tried and failed use of an IV iron product?		Yes	No If yes, which drug(s)? _____

ICD-10 CODE

Primary ICD-10:

- Iron Deficiency Anemia
- Iron Deficiency Unspecified
- Iron Deficiency Anemia secondary to Inadequate Dietary Iron Intake
- Other : _____

Secondary ICD-10:

- Adverse effect of other drug (oral iron intolerance or not adequate)
- End-stage Renal Disease
- Intestinal Malabsorption
- Chronic Kidney Disease
- Other: _____

PRE-MEDICATION ORDER

Acetaminophen (Tylenol)	500mg	650mg	1000mg PO	Diphenhydramine (Benadryl)	25mg	50mg	PO	IV
Cetirizine (Zyrtec)	10mg PO			Methylprednisolone (Solu-Medrol)	40mg IV	125mg IV		
Loratadine (Claritin)	10mg PO			Hydrocortisone (Solu-Cortef)	100mg IV			
Other: _____		Dose: _____		Route: _____		Frequency: _____		

MEDICATION ORDER

Monoferric **If the patient has Cigna, Humana, or UHC, the patient must try and fail Feraheme first**

- | | | |
|--|------------------------------------|--------------------------|
| Patient weighing less than 50kg (110 lbs.) | Dose: Monoferric 20mg/kg IV | Frequency: 1 dose |
| Patient weighing 50kg (110 lbs.) or greater | Dose: Monoferric 1000mg IV | Frequency: 1 dose |

PROVIDER INFORMATION

Provider Name:	Provider Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip:

SPECIAL INSTRUCTIONS

Provider Name

Provider Signature

Date

Check here if this is a stat order

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.