FLEXCARE INFUSION CENTERS

Fax: (888) 219-8102 | **Email:** orders@flexcareinfusion.com | **Visit:** flexcareinfusion.com/referrals

IRON DEFICIENCY ANEMIA REFERRAL FORM

PATIENT DEMOGRAPHICS:

PATIENT NAME:	PATIENT'S CONTACT #:
DATE OF REFERRAL:	ADDRESS:
DATE OF BIRTH:	CITY, STATE, ZIP:
FOR COPAY ASSISTANCE, PLEASE PROVIDE LAST 4 OF SSN:	
HEIGHT: _____ FEET _____ INCHES	GENDER: FEMALE ☐ MALE ☐
WEIGHT: _____ LB or _____ KG	ALLERGIES: SEE LIST ☐ NKDA ☐

PRIMARY DIAGNOSIS:

- ☐ D50.0 - Iron Deficiency Anemia
- ☐ D50.8 - Other Iron Deficiency Anemias
- ☐ D50.9 - Iron Deficiency Anemia, Unspecified
- ☐ D63.1 - Anemia in chronic kidney disease
- ☐ N18.1 - Chronic kidney disease, stage 1
- ☐ N18.2 - Chronic kidney disease, stage 2
- ☐ N18.3 - Chronic kidney disease, stage 3
- ☐ N18.4 - Chronic kidney disease, stage 4

REQUIRED DOCUMENTATION: Please provide a copy of the following documents.

☑ 1. INSURANCE CARD (Front & Back) ☑ 2. PATIENT DEMOGRAPHICS ☑ 3. MOST RECENT LABS ☑ 4. MEDICATION LIST
☑ 5. H & P ☑ 6. BONE SCAN ☑ 7. MOST RECENT FERRITIN, HEMOGLOBIN, AND HEMATOCRIT ☑ 8. OTHER IRON STUDIES
☑ Intolerance or unsatisfactory response to oral? (Provide documentation) ☐ Y ☐ N

PRIMARY MEDICATION ORDER:

- ☐ Injectafer 750 mg IV on day 1 and day 7 (for patients 50 kg or greater).
- ☐ Injectafer 15 mg/kg IV (not to exceed 1,500 mg) on day 1 and day 7 (for any weight).
- ☐ Monoferric 20 mg/kg IV once (for patients weighing less than 50 kg).
- ☐ Monoferric 1,000 mg IV once (for patients weighing greater than 50 kg).
- ☐ Venofer 200 mg IV every 2-3 days for 5 doses.
- ☐ Venofer 300 mg IV every 3 days for 3 doses.
- ☐ Feraheme 510 mg IV on day 1 and day 3.
- ☐ INFeD _____ mg IV over 4 hours.
- ☐ Other:

FIRST DOSE: ☐ Y ☐ N

☑ May substitute based on payer step therapy requirement (see attached protocol)

PRN & PREMEDICATIONS:

MEDICATIONS	30 minutes prior to every infusion	PRN
Acetaminophen 650 mg PO	☐	PRN every ___ hour for mild or moderate infusion reaction.
Diphenhydramine 25 mg PO	☐	PRN every ___ hour for mild or moderate infusion reaction.
Diphenhydramine 25 mg IV	☐	PRN every ___ hour for mild or moderate infusion reaction.
Methylprednisolone 125 mg IV	☐	PRN every ___ hour for mild or moderate infusion reaction.
Other: _____	☐	PRN every ___ hour for mild or moderate infusion reaction.

LINE USE/CARE ORDERS:

- ☑ START PIV/ACCESS CVC
- ☑ FLUSH DEVICE PER FLEXCARE INFUSION POLICY & PROCEDURE (SEE REVERSE SIDE)
- ☐ OTHER FLUSH ORDERS: (please fax other reaction orders if checking this box)

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

- ☑ ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side)
- ☐ OTHER: (please fax other reaction orders if checking this box)

PRESCRIBER INFORMATION: Please check preferred form of communication.

PROVIDER NAME:	PHONE:
OFFICE CONTACT:	☐ FAX:
ADDRESS:	☐ EMAIL:
CITY, STATE, ZIP:	NPI:

PROVIDER SIGNATURE:

DATE:

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FLEXCARE INFUSION CENTERS' IV IRON SUBSTITUTION PROTOCOL:

Agents listed in the tables below have been deemed to have similar therapeutic benefit with similar adverse reaction profiles. As such, the following substitutions may occur at the onset of the patient's treatment.

****If payer guidelines mandate the use of Venofer due to step therapy or tiered treatment options, eligible orders may be automatically substituted to Venofer.**

Eligible to be switched:	Will switch to:
Injectafer (ferric carboxymaltose) 750 mg IV x2 doses, separated by at least 7 days	**Venofer** (iron sucrose) 200 mg IV x5 doses, each dose separated by at least 2 days
Feraheme (ferumoxytol) 510 mg IV x2 doses, separated by 3-8 days	***For OB/GYN Indications:*** **Venofer** (iron sucrose) 300 mg IV x3 doses, each dose separated by at least 3 days
INFeD (iron dextran) 1000 mg IV x1 dose	

****In the absence of payer, physician, or patient preference, eligible orders may be substituted for Injectafer.**

Eligible to be switched:	Will switch to:
Venofer (iron sucrose) 200 mg IV x5 doses, each dose separated by at least 2 days	**Injectafer** (ferric carboxymaltose) 750 mg IV x2 doses, separated by at least 7 days
Venofer (iron sucrose) 300 mg IV x3 doses, each dose separated by at least 3 days	
Feraheme (ferumoxytol) 510 mg IV x2 doses, separated by 3-8 days	
INFeD (iron dextran) 1000 mg IV x1 dose	

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FLEXCARE INFUSION CENTERS' ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

**This table does not reflect non-medicinal interventions that are part of FlexCare's protocol, such as slowing or stopping the infusion and physician/911 notification.*

	MILD INFUSION REACTION	MODERATE INFUSION REACTION	SEVERE INFUSION REACTION/ANAPHYLAXIS
SYMPTOM CLASSIFICATION	• Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nausea / Vomiting • Pruitis	• Chest Tightness • Shortness of Breath • Hypo/hypertension (>20 mmHg Change in Systolic BP from Baseline) • Increased Temperature (>2 Degrees Fahrenheit • Urticaria	• Hypo/hypertension (>40 mmHg Change in Systolic BP from Baseline). • Increase Temperature (>2 Degrees Farenheit) with Rigors • Shortness of Breath with Wheezing • Laryngeal Edema • Chest Pain • Hypoxemia
TREATMENT PROTOCOL FOR ADULTS >66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. ☒ Administer diphenhydramine 50 mg IV or IM Inject epinephrine 0.3mg/0.3 mL IM into the midanterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% NaCl 1000mL bolus for an incomplete response to IM epinephrine. May repeat x1.
TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66 LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500mL at 75mL/hr to maintain IV access. ☒ Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25mg/min ☒ Inject epinephrine 0.15mg/0.15 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% naCl bolus 20mL/kg for an incomplete response to IM epinephrine. May repeat x1.

FOR CHILDREN < 33 LBS FLEXCARE INFUSION UTILIZES THE REACTION ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

FLUSHING PROTOCOLS

		FLUSHING PROTOCOL Normal Saline*		LOCKING PROTOCOL Heparin Sodium		
		0.9% Sodium Chloride		*10 Units/mL*	*100 Units/mL*	
PATIENT CLASSIFICATION	LINE TYPE	PRE-ADMIN	POST ADMIN	POST LAB DRAW	POST NS FLUSH*	
ADULT > 66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	10 mL	10 mL		5 mL
	Peripherally Inserted Central Catheters (PICC)	5 mL	10 mL	10 mL	5 mL	
	Tunneled & non-Tunneled Catheters	5 mL	10 mL	10 mL	5 mL	
PEDIATRIC 33 LBS - 66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	5 mL	10 mL	3 mL	
	Peripherally Inserted Central Catheters (PICC)	5 mL	5 mL	10 mL	3 mL	
	Tunneled & non-Tunneled Catheters	5 mL	5 mL	10 mL	3 mL	

FOR CHILDREN <33 LBS, FLEXCARE INFUSION UTILIZES THE FLUSHING ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

**0.9% NS will be substituted with Dextrose 5% or alternative only when indicated due to medication incompatibility with NS.*