

# Iron (Fereheme/Injectafer/Venofer)

Provider Order Form rev. 1/2/2026



## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ Other

Email Address: \_\_\_\_\_ Address: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height (in): \_\_\_\_\_

☐ NKDA Allergies: \_\_\_\_\_ Existing prior authorization? ☐ Yes, (Send a copy) ☐ No (AIC will process)

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

Patient Preferred Location: \_\_\_\_\_

## DIAGNOSIS & CLINICAL INFORMATION

ICD 10-Code & Description (Provide full completed code)

☐ 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: \_\_\_\_\_

**REQUIRED DOCUMENTATION:** Please include insurance card (front & back), all patient demographics, history & physicals, medication lists, recent lab results (CBC, CMP, TB, Hep B panel-depending on medication), signed prescription order and recent visit notes.

Confirm that these and the required lab orders have been sent to American Infusion Care and necessary parties.

## PRESCRIPTION INFORMATION

**Nursing:** Provide nursing care per American Infusion Care - Specialty Infusions protocols, including reaction management and post-procedure observation

### Pre-Medications

☐ Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mgPO

☐ Cetirizine (Zyrtec) 10mgPO

☐ Loratadine (Claritin) 10mgPO

☐ Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV

☐ Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

### Lab Orders

☐ Other: \_\_\_\_\_

### Iron Therapy Administration (Select one):

#### Dose and Frequency:

☐ Fereheme (ferumoxylol) IV

☐ Infuse 510 mg IV over at least 15 minutes on Day 1. May repeat dose after \_\_\_\_\_ days.

☐ Infuse 1020 mg IV over 30 minutes as a single dose.

- No refills

☐ Other: \_\_\_\_\_

☐ Injectafer (ferric carboxymaltose) IV

☐ Patients > 50kg: Two 750mg doses, 7 days apart

☐ Patients < 50kg: Two 15mg/kg doses, 7 days apart

- No refills

☐ Other: \_\_\_\_\_

☐ Refills: ☐ zero ☐ 6 months ☐ 12 months

☐ Other: \_\_\_\_\_

☐ Venofer (iron sucrose) IV

Dose (choose one):

Dose	Add to	Rates	Length
<input type="checkbox"/> 100 mg	100ml NS	200 ml/hr	30 minutes
<input type="checkbox"/> 200 mg	200ml NS	200 ml/hr	60 minutes
<input type="checkbox"/> 300 mg	250 ml NS	166.6 ml/hr	90 minutes
<input type="checkbox"/> 400 mg	250 ml NS	100 ml/hr	2.5 hours
<input type="checkbox"/> 500 mg	250 ml NS	62.5 ml/hr	4 hour

#### Frequency:

☐ Once ☐ every 2 - 3 days x \_\_\_\_\_ doses ☐ Daily x \_\_\_\_\_ doses

☐ Weekly x \_\_\_\_\_ doses ☐ Monthly x \_\_\_\_\_ doses

**Post Treatment Observations:** Flush with 0.9% sodium chloride at the completion of infusion. The patient is required to stay for 30 minutes following the first administration.

\* Closely observe patients for signs and symptoms of hypersensitivity including monitoring of blood pressure and pulse during and after Fereheme, Venofer, and Injectafer administration for at least 30 minutes and until clinically stable following completion of each infusion.

Special Instructions: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Full Name: \_\_\_\_\_ Provider NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Provider Name (Print)

Provider Signature

Date

E: [Referrals@americaninfusioncare.com](mailto:Referrals@americaninfusioncare.com)

[Americaninfusioncare.com](http://Americaninfusioncare.com)

Greater Houston Area F: 832.510.7824 P: 832.800.3213

McAllen F: 956.302.8906 P: 832.800.3213 Plano: F: 214.831.9829 P: 972.865.4454

Harlingen F: 956.341.9687 P: 832.800.3213 Laredo F: 956.306.3715 P: 832.800.3213

Other Locations (Oaklawn, Lancaster, etc): F: 469.305.2361 P: 972.865.4454