Agile Infusion Services LLC
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INJECTAFER MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ *Patient's weight in pounds*_____

■ **Diagnosis**

☐ D50.0 Iron deficiency anemia due to blood loss
☐ D50.8 Iron deficiency anemia, other
☐ D63.0 Iron anemia in neoplastic disease
☐ D63.1 Iron anemia in chronic kidney disease
☐ N18.1 ESRD
☐ _____ _____

■ **Details Needed for Approval**

- Laboratory results showing anemia. If other treatment has been tried, submit labs from before and after at least 3 weeks of treatment.
- Does the patient have a history of iron deficiency?
- Has oral administration of iron treatment been tried and found to be ineffective? _____
- If oral administration of iron treatment is contraindicated, not appropriate or in sufficient due to severity, please submit a letter supporting the need for this treatment which can be submitted to the insurance carrier.
- If patient has CKD, does the patient have ESRD? _____
- If patient has CKD, do they require dialysis? _____

■ **Medication Order**

☐ Injectafer 750mg in 100ml IV normal saline over about 30 minutes, with a second dose 7 days later.

■ **Rescue Management in case of Infusion Therapy Reaction**

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ **Ordering Provider Authorization**

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.