

## VENOFER MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_

Patient's height in feet and inches \_\_\_\_\_ Patient's weight in pounds \_\_\_\_\_

### ■ Diagnosis

D63.1 Iron anemia in chronic kidney disease

### ■ 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 insufficient 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 *Select one only.*

Venofer 100mg in 100ml IV normal saline over about 30 minutes every day for \_\_\_\_\_ days.

Venofer 200mg in 100ml IV normal saline over about 30 minutes five times over 14 days.

**Note: Venofer is approved by FDA only for anemia in patients with chronic kidney disease, and Agile Infusion does not administer this medication for off-label uses. For other indications please order a different medication. Thank you.**

### ■ 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.**