



10105

**AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.**

ICD-10 code (required):	Weight (kg) (required):	Estimated start date (required):
Diagnosis: SEE BELOW FOR DIAGNOSIS-BASED IRON (REQUIRED)	Height (cm):	
<input type="checkbox"/> Iron deficiency anemia	Allergies:	
<input type="checkbox"/> Anemia in chronic kidney disease	Hemoglobin (g/dL):	
Patient on dialysis <input type="checkbox"/> YES <input type="checkbox"/> NO		

**MONITORING:**

Patients will be observed for 30 minutes after administration of any IV iron product

Recommended lab orders: Baseline Hgb, Hct, MCV, serum iron, TIBC, transferrin saturation, and ferritin.

**Iron Deficiency Anemia**

	MEDICATION	DOSE	ADMINISTRATION INSTRUCTIONS	FREQUENCY
<input type="checkbox"/>	<b>Ferumoxytol</b> (Feraheme®) – Tier 1 <b>PREFERRED</b>	<b>510 mg</b>	In 100 mL 0.9% sodium chloride. Infuse over 15 minutes.	Weekly x 2 doses
<input type="checkbox"/>	<b>Iron Dextran</b> (InFeD®) – Tier 1  Total volume = drug volume + IV fluid volume + overfill	<b>Fixed:</b> <input type="checkbox"/> <b>500 mg</b>	In 250 mL 0.9% sodium chloride (total volume = 285 mL). Infuse 25 mg (14.3 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 950 mg/h	x 1 dose
<input type="checkbox"/>		<input type="checkbox"/> <b>1000 mg</b>	In 250 mL 0.9% sodium chloride (total volume = 295 mL). Infuse 25 mg (7.4 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 975 mg/h	
<input type="checkbox"/>		<input type="checkbox"/> <b>1500 mg</b>	In 500 mL 0.9% sodium chloride (total volume = 580 mL). Infuse 25 mg (9.7 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 975 mg/h	x 1 dose
<input type="checkbox"/>		<input type="checkbox"/> <b>Pharmacy to Dose:*</b>	Calculate based on prescribing information	x 1 dose
<input type="checkbox"/>	<b>Ferric carboxymaltose</b> (Injectafer®) – Tier 2	< 50kg: 15 mg/kg* ≥ 50kg: 750 mg	In 250 mL 0.9% sodium chloride. Infuse over 20 minutes. <i>Pharmacy to adjust diluent vol. (final concentration 2-4 mg/mL).</i>	x 1 dose on day 1 then x 1 after at least 7 days. <b>Max TOTAL dose 1500mg</b>

**Anemia in Chronic Kidney Disease**

<input type="checkbox"/>	<b>Ferumoxytol</b> (Feraheme®) – Tier 1 <b>PREFERRED</b>	<b>510 mg</b>	In 100 mL 0.9% sodium chloride. Infuse over 15 minutes.	Weekly x 2 doses
<input type="checkbox"/>	<b>Iron Sucrose</b> (Venofer®) – Tier 1	<b>300 mg</b>	In 250 mL 0.9% sodium chloride. Infuse over 90 minutes	Weekly x 3 doses
<input type="checkbox"/>	<b>Ferric carboxymaltose</b> (Injectafer®) – Tier 2	< 50kg: 15 mg/kg* ≥ 50kg: 750 mg	In 250 mL 0.9% sodium chloride. Infuse over 20 minutes. <i>Pharmacy to adjust diluent vol. (final concentration 2-4 mg/mL)</i>	x 1 dose on day 1 then x 1 after at least 7 days. <b>Max TOTAL dose 1500mg</b>

**Anemia in Chronic Kidney Disease – ON Dialysis with erythropoietin therapy**

<input type="checkbox"/>	<b>Ferric gluconate</b> (Ferrlecit®)	<b>125 mg</b>	In 100 mL 0.9% sodium chloride. Infuse over 1 hour.	x 1 dose per dialysis session x doses.
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\*Pharmacist to write dose clarification order

**IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY INFUSION REACTION PROTOCOL**

**ADDITIONAL ORDERS**

Vital signs at baseline. Observe closely for signs/symptoms of hypersensitivity reaction. Discontinue IV upon completion of therapy, flush order per protocol.

Patient name and date of birth	The provider's full signature to follow the order.
Patient Name	Provider Signature                      Date                      Time
Date of Birth	Provider Printed Name