

## **Intravenous Iron Non-Oncology Treatment Order Set For Heart Failure**

**Does patient require a new consult visit with HOACNY to evaluate/treat anemia?**

**Yes – Patient requires consultation with a medical oncologist for evaluation and management of anemia**

- Please place referral to HOACNY

**[ ] No – No medical oncologist consultation requested**

- HOACNY Infusion Services to administer IV iron per attached Heart Failure protocol. Please complete this form and return to HOACNY.

**1. Patient Name:** \_\_\_\_\_

**2. DOB:** \_\_\_\_\_ **Height (inches):** \_\_\_\_\_ **Weight (lbs):** \_\_\_\_\_

**3. Diagnosis:**

Primary ICD-10 Code: \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

Other ICD-10 Code: \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

*HOACNY will obtain authorization for drug administration prior to scheduled infusion. If HOACNY is unable to obtain insurance authorization due to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able to administer the medication.*

**4. Pre-medications:**

Other Pre-medication: \_\_\_\_\_

No Pre-medications indicated

**5. Drug Order:**

**Injectafer (ferric carboxymaltose)**

Dose/Frequency: \_\_\_\_\_ Per Heart Failure Guidelines (See attached chart) \_\_\_\_\_

Other: \_\_\_\_\_

*HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral*

**6. Infusion Lab Requirements:**

Heart Failure Injectafer Labs: Iron studies to include ferritin and iron saturation at weeks 12, 24 and 36

Other: \_\_\_\_\_

*HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION.*

*The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above.*

**7. Required Baseline Lab/Testing completed:**

CBC, date: \_\_\_\_\_  CMP, date: \_\_\_\_\_  Other: \_\_\_\_\_

Iron studies, date: \_\_\_\_\_  Ferritin, date: \_\_\_\_\_

*Please note baseline labs within the past 3 months are required for authorization*

**8. Patient Assistance & REMS Program Enrollment**

Yes, patient has been enrolled in \_\_\_\_\_ program. (Provide Copy Enrollment Forms)

No, patient has not been enrolled in any programs.

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dose for iron deficiency with heart failure:**

**Ferric Carboxymaltose IV Dosing for Iron Deficiency in Patients With Heart Failure<sup>a,b</sup>**

	Weight <70 kg			Weight ≥70 kg		
	Hb <10 g/dL	Hb 10 to 14 g/dL	Hb >14 to <15 g/dL	Hb <10 g/dL	Hb 10 to 14 g/dL	Hb >14 to <15 g/dL
<b>Day 1</b>	1 g	1 g	500 mg	1 g	1 g	500 mg
<b>Week 6</b>	500 mg	No dose	No dose	1 g	500 mg	No dose
	<b>Recheck iron studies, if iron deficiency persists at weeks 12, 24, or 36 then redose as needed.</b>					
<b>Week 12</b>	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID
<b>Week 24</b>	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID
<b>Week 36</b>	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID	500 mg, only if ID

<sup>a</sup> There are no available data for dosing beyond 36 weeks or in patients with a hemoglobin of ≥15 g/dL.