INTRAMED Plus
infusion services

MONOFERRIC®

INFUSION & MEDICAL CENTER

1. **Patient Name** ______________________ **DOB** ____________ **Patient Phone/Cell #** ____________

Patient demographic and insurance information to be faxed with Infusion Order Form

2. **Medical Information (Please select primary diagnosis and complete ICD10 Code):**

Primary Diagnosis: _____ Iron Deficiency Anemia — ICD-10 Code: D50.9
_____ Iron Deficiency Anemia secondary to blood loss (chronic) — ICD-10 Code: D50.0
_____ Anemia complicating pregnancy — ICD-10 Code: O99.019
_____ Other:______________________ — ICD-10 Code: __________

Allergies:______________________________ (or attach list)

3. **Clinical Information – Please fax with Infusion Order Form:**

- Clinical notes, labs, test supporting primary diagnosis
  - Recent lab results including a hemoglobin, hematocrit and iron studies
- Infusion Center — Lab Orders: ______________________________

Patient
Weight: __________ lbs.
Height:__________ in.

MONOFERRIC® (ferric derisomaltose) J Code: J1437

4. **Drug Order:**

❑ For patients less than 50 kg (110 lbs), administer one dose of Monoferric 20 mg/kg (_______ mg) IV

❑ For patients greather than 50 kg (110 lbs), administer one dose of Monoferric 1000 mg IV

***** Intramed Plus may contact you to discuss other iron formulations based on patient's insurance coverage*****

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved protocol.

Pre-Medication Orders: ______________________________
No Pre-medications are recommended based on manufacturer guidelines.

By signing this form and utilizing these services, I am authorizing Intramed Plus
to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. **Physician Signature:** ____________________ / ____________________ Date: ____________
Dispense as written — Substitution permitted

Printed Physician's Name:______________________Contact Phone #: ____________

FAX ALL INFORMATION CENTRAL FAX **803.999.1754**	**INFUSION CENTER LOCATIONS** BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760

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