

**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: 099.019 \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

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

- Clinical MD Notes, labs, test supporting primary diagnosis
  - Recent lab results including a hemoglobin, hematocrit and iron studies
- Infusion Center – Lab Orders: \_\_\_\_\_

<b>Patient Weight:</b> _____ lbs.
<b>Patient Height:</b> _____ in.

**INJECTAFER<sup>®</sup> (ferric carboxymaltose)**

J Code: J1439

**4. Drug Order:**

- For patients less than 50 kg , Injectafer 15mg/kg/dose for two doses to be given at least 7 days apart.
- For patients > 50kg, Injectafer 750mg for two doses to be given at least seven days apart.
- Maximum total dose: 1500mg

\_\_\_\_\_ Cycles Authorized – Each cycle includes two doses not to exceed 1,500 mg combined

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

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 #: \_\_\_\_\_

<p><b>FAX ALL INFORMATION</b>  <b>CENTRAL FAX 803.999.1754</b>  <b>ALTERNATE FAX 803.999.1887</b></p>	<p><b>INFUSION CENTER LOCATIONS</b>  <b>COLUMBIA CHARLESTON GREENVILLE</b>  <b>CENTRAL INTAKE PHONE 800.767.6337</b></p>
---	--