

1 Confirm Indication & Labs

Iron Deficiency Anemia (IDA)

- Males/Postmenopausal: Ferritin < 30 ng/mL OR (< 100 ng/mL + TSAT < 20% if chronic dz) + Low Hb.
- Premenopausal: Ferritin < 30 ng/mL + TSAT < 20% + Hb below sex ref range.

Non-Dialysis CKD (NDD-CKD)

Ferritin ≤ 500 ng/mL + TSAT < 30% + Iron def. confirmed. (Must be intolerant/unresponsive to oral iron).

Iron Def. w/o Anemia & RLS

Ferritin < 75 ng/mL (RLS) or low ferritin with symptoms below:

- Energy/Cognitive: Profound fatigue, brain fog, mood changes.
- Physical/Derm: Restless Legs (RLS), hair loss, brittle nails.
- Cardio/Pulm: Reduced exercise tolerance, shortness of breath, palpitations.
- Other: Pica (ice cravings), cold intolerance, sleep disturbances.

CRP Factor: Rule out inflammation (falsely elevates ferritin).

2 Safety & Contraindications

- ✗ PRIOR IV IRON HYPERSENSITIVITY
- ✗ IRON OVERLOAD (HH)
- ✗ NON-IRON DEF ANEMIA
- ✗ HYPOPHOSPHATEMIA
- ✗ DECOMPENSATED CIRRHOSIS

- **Common/Transient:** Nausea, headache, dizziness, fatigue, flushing. Delayed arthralgia 24-72h.
- **Hypotension (~0.7%):** If infused too rapidly.
- **Hypophosphatemia:** Monitor PO4 if weakness/bone pain.
- **Fishbane Reaction (~1%):** Transient facial flushing, chest tightness. Self-limiting - pause & observe.
- **Anaphylaxis (Rare ~1/200k):** Severe allergic reaction.

CLINIC POLICY: Referrals for pregnant patients are NOT accepted.

3 Dosing & Monitoring

STANDARD DOSE	1000 mg
MAX CUMULATIVE	2000 mg
PARTIAL DOSE	500 mg

Weight-Based Dosing: For patients ≤ 50 kg, max dose is 500 mg regardless of Hb.

LAB TIMELINE & RESPONSE

Ferritin Resp: 1-2 wks

Hb Resp: 2-4 wks

Re-test: No earlier than 4 wks

IDA: Near max Hb by 6-8 wks.

NDD-CKD: Improve within 4-8 wks.

CAPSULE PHARMACY

Iron Infusion Order Form

FAX COMPLETED FORM TO: **(587) 387-7252**

PATIENT INFORMATION

Patient Name _____ DOB _____
PHN _____ Phone Number _____
Address _____
Allergies _____ Weight (kg) _____

PRESCRIBER INFORMATION

Prescriber Name _____ Clinic Name _____
Clinic Address _____
Phone Number _____ Fax Number _____
Email Address _____

CLINICAL INFORMATION

Diagnosis: Iron Deficiency Anemia (IDA) Restless Leg Syndrome (RLS)
 Non-Dialysis CKD (NDD-CKD) Iron Def. w/o Anemia (Fatigue, etc.)

Lab Date (mm/dd/yy) _____ Hemoglobin (g/L) _____ Ferritin (ng/mL) _____ TSAT (%) _____ CRP (mg/L)* _____

Pregnant / Breastfeeding? Y N N/A Previously tried IV Iron? Y N N/A Tried oral supplement? Y N N/A

If yes, specify drug, dose, reason for stopping: _____

MONOFERRIC IV INFUSION PRESCRIPTION

Authorized Dosage:

500 mg 1000 mg 1500 mg 2000 mg

Interval:

Induction (single dose) Refill Qty: _____
 Q4 Weeks Q6 Weeks
 Other: _____

Simplified Monoferric Weight-Based Table

Hb (g/L)	< 50 kg	50 - 70 kg	≥ 70 kg
≥ 100	500 mg	1000 mg	1500 mg
< 100	500 mg	1500 mg	2000 mg

Prescriber Signature _____

Date _____

Consent & Agency: By signing this form, I certify that I have counseled and informed the patient on the indication and appropriate use of Monoferric and the patient has no known contraindications or allergy to the medication prescribed. The above Prescriber is sharing patient health, insurance and/or contact information with Capsule Pharmacy for the purpose of providing an important health service to the patient. This form serves as both a prescription for medication and a referral by the Prescriber to Capsule Pharmacy to provide health and drug access services. The Prescriber recognizes the value of this referral as an important part of the collaborative healthcare team for the patient. The patient has chosen to use Capsule Pharmacy and has appointed the Prescriber to act as agent to obtain Iron on behalf of the patient from Capsule Pharmacy.

Adverse Event & Re-challenge Protocol: In the event of an adverse patient reaction during the infusion, the administering clinic's on-site medical team will immediately initiate emergency protocols and assume acute clinical management. The prescribing physician will be promptly notified of any adverse events, medical interventions, or inability to complete the scheduled infusion.