



IV IRON REFERRAL & ORDER SET

P: 331-236-0610 | F: 331-314-8989 Fax with insurance cards + clinical notes

PATIENT INFORMATION

PATIENT NAME		DATE OF BIRTH	PHONE
WEIGHT — required for dosing	HEIGHT	ALLERGIES	PATIENT STATUS
			☐ New ☐ Continuing

REFERRING PRESCRIBER & INSURANCE

PRESCRIBER NAME	NPI #	PHONE	FAX
CONTACT PERSON	PRIMARY INSURANCE	POLICY #	GROUP #

DIAGNOSIS ICD-10 required

☐ D50.0 IDA, chronic blood loss	☐ D50.9 IDA, unspecified	☐ D63.1 Anemia in CKD	☐ N18.3	☐ N18.4	☐ N18.5	☐ N18.6
☐ D62 Acute blood loss anemia	☐ N92.0 Heavy menses	☐ K50.90 Crohn's	☐ K51.90 UC	☐ I50.9 Heart failure	☐ Other	
OTHER ICD-10	DIAGNOSIS DESCRIPTION	NEXT TREATMENT DATE				

IRON ORDER — BILLED TO INSURANCE choose one product and dose

Monoferic ferric derisomaltose	☐ Under 50 kg (110 lbs): 20 mg/kg IV × 1 dose ☐ 50 kg or more: 1,000 mg IV × 1 dose
Injectafer ferric carboxymaltose	☐ Under 50 kg: 15 mg/kg IV ☐ 50 kg or more: 750 mg IV — 2 doses at least 7 days apart, max 1,500 mg Heart failure dosing: Day 1 ☐ 500 mg ☐ 1,000 mg Week 6 ☐ 500 mg ☐ 1,000 mg ☐ Maintenance 500 mg at weeks 12, 24 and 36 If ferritin <100 ng/mL, or ferritin 100–300 with transferrin saturation <20%. Serum ferritin and transferrin required before each maintenance dose.
Other dosing	☐ _____

Before you send: Aetna, Cigna, Humana and UHC require a documented trial and failure of IV iron sucrose before approving Monoferic or Injectafer — or a letter of medical necessity. Attaching that up front prevents the most common denial.

VENOFER (IRON SUCROSE) — CASH PAY ONLY \$250 per dose · not billed to insurance

☐ 200 mg IV × 5 doses over a 14-day period	☐ 200 mg IV weekly × 5 weeks	☐ Other: _____
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ADDITIONAL ORDERS & MEDICAL NECESSITY insurance will deny without the questions below — please complete

Other orders	_____
Lab orders	Labs: _____ Frequency: _____ Drawn by: ☐ LIVbetter ☐ Referring provider
Step therapy	Intolerance, contraindication or documented failure of oral iron? ☐ Yes ☐ No Intolerance or documented failure of an IV iron product? ☐ Yes ☐ No Which: _____
Attach	☐ Insurance cards ☐ Medication list ☐ Clinical notes (H&P) ☐ Labs showing iron deficiency anemia ☐ Other: _____

PRESCRIBER SIGNATURE Required — we cannot schedule without it

By signing, the prescriber authorizes LIVbetter Infusions and its employees to act as prior authorization and specialty pharmacy designated agent with medical and prescription insurance companies. Venofer ordered above is a cash-pay service and is not submitted to insurance.

PRESCRIBER SIGNATURE	PRINTED NAME	DATE
X		