Monoferric Order Form

Send completed form to Coverdale Infusion Clinics Inc: fax: 1-888-236-3502 or by email: enrollment@coverdaleclinic.com

Note: an infusion fee will apply, payable by phone with credit card to the Coverdale Resource Center, when they are contacted for appointment booking

Patient name:	**DOB (dd/mm/yyyy):**	**Patient address:**
Patient allergies:	**Patient contact number(s):** ( ) - ( ) -	

Prescribing physician name:	**Prescribing physician license #:**
Prescriber phone number: ( ) -	**Prescriber fax number:** ( ) -

Simplified table			
Hb (g/dL)	**Patients with bodyweight ≤50 kg**	**Patients with bodyweight 50 kg - <70 kg**	**Patients with bodyweight ≥70 kg**
≥10	500 mg	1000 mg	1500 mg
<10	500 mg	1500 mg	2000 mg
Reference: Monoferric Product Monograph 16.09.2021			

Order:

Monoferric 100 mg/ml (Ferric Derisomaltose for Injection) Infusion:

- ❑ **Infusion**: Administer (select one): ☐ 500 mg ☐ 1000 mg or ☐ 1500 mg of Monoferric in 100 mL 0.9% normal saline as per manufacturer recommendations (≤1000 mg must be infused over at least 20 minutes, >1000 mg must be infused over at least 30 minutes).***Note: Single doses above 1500 mg are not recommended. If ordered iron dose exceeds 20 mg iron/kg body weight, the dose should be split into 2 infusions spaced at least a week apart.** It is recommended whenever possible to give 20 mg iron/kg body weight in the first administration.
- ❑ **IV bolus injection**: Administer _____ mg (up to 500 mg) of Monoferric as an IV bolus injection, once per week, at an administration rate of up to 250 mg iron/minute. It may be administered undiluted or diluted in maximum 20 mL sterile 0.9% sodium chloride.

Patient weight _____ kg

❑ One-time dose (no further appointments will be scheduled, unless patient's dose exceeds 20 mg/kg or 1500 mg and must be split into 2 infusions at least a week apart)

❑ Administer #_____ infusions/injections at a frequency of:
- ❑ Weekly
- ❑ Every 2 weeks
- ❑ Monthly
- ❑ Other frequency: _____

Clinic nurse will schedule additional appointments until they have been given x number of infusions/injections at the ordered frequency.

Note: *Prescribing physician responsible for ordering and monitoring patient blood work and notifying Coverdale when patient no longer requires treatment.*

DIN:
02477777

Monoferric Product Monograph 16.09.2021

Date (dd/mm/yyyy):	**Prescribing physician signature:**

Version: 07.07.2022