

NON-DIALYSIS IV IRON SUCROSE (VENOFER®): PROCESS GUIDE

CRITERIA:

Patient must meet one of the following criteria:

<input type="checkbox"/> For the treatment of iron deficiency anemia where the patient has demonstrated an intolerance to oral iron therapy	OR	<input type="checkbox"/> The patient has not responded to adequate therapy with oral iron
---	-----------	---

INFUSION LOCATION AND MEDICATION COVERAGE:

1st dose:

- Must be administered in the hospital to ensure there are no adverse reactions to the medication
- The medication cost for that 1st dose of iron sucrose is not covered by BCHS
- Medication coverage options for 1st dose of iron sucrose:
 - a) **Ontario Drug Benefit Program:** Only for patient's currently eligible i.e. resident of a long term care home/home for special care, greater than 65 years of age, is actively receiving professional home and community care services, receiving benefits from Ontario Works or Ontario Disability Support Program, enrolled in the Trillium Drug Program
 - b) **Private drug insurance**
 - c) **Self-pay** - no private drug insurance

2nd and subsequent doses:

- Administered at a Home and Community Care Support Services (HCCSS) Infusion Clinic
- Exceptional Access Program (EAP) approval from the Drug Programs Delivery Branch of the Ministry of Health and Long Term Care, required for iron sucrose given in the HCCSS Infusion Clinic even if the patient is self-pay or has private insurance coverage

PRESCRIBER PROCESS:

Step #1: Physician obtains consent and BCHS General Consent Form is signed by patient.

Step #2:

- a) Physician must complete and submit an EAP form for approval:
<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=eap&NO=014-4406-87>
- b) Even if patient is self-pay or has private insurance coverage, EAP approval is required for the doses that will be given at the HCCSS Infusion Clinic

Once **EAP approval is received**, proceed to Step #3.

Step #3: Fax to BCHS Infusion Clinic: 519-751-5569

- **Completed** BCHS General Consent Form

AND

- NON-DIALYSIS IV IRON SUCROSE (VENOFER) PREPRINTED ORDERS

AND

- Copy of EAP approval

Step #4: Fax prescription for **1 dose of Iron Sucrose (Venofer) 200mg x 1** to patient's community pharmacy. This initial dose will be given at the BCHS Infusion Clinic. Subsequent doses do not require a community pharmacy prescription as those doses will be dispensed by the HCCSS Infusion Clinic pharmacy vendor using the dosing orders in the Preprinted Orders.

Step #5: Advise patient that they are required to bring the Iron Sucrose (Venofer) 200mg x 1 dose to their initial infusion appointment at the BCHS Infusion Clinic. Patients are **not** required to bring their own medication to subsequent infusions at the LHIN Infusion Clinic.

Step #6: Give patient outpatient lab requisition for CBC and ferritin or iron saturation. Recommend checking blood work after every 3 infusions and on completion of final infusion.

Step #7: Complete HCCSS Iron Infusion Order Form

**Brant Community Healthcare System (BCHS)
NON-DIALYSIS IV IRON SUCROSE (VENOFER)
PREPRINTED ORDERS**

Patient Information (complete or affix label)

Patient Name: _____
Address: _____
Health Card Number: _____
Phone number: _____
Alternate Phone Number: _____

Phone Number: 519-751-5544 Ext 5520

*******Appointments cannot be booked until EAP coverage is secured *******

- EAP Approval attached mandatory even if patient is self-pay or has private-insurance
- Signed, dated & witnessed BCHS General Consent Form attached

Medication coverage for 1st dose at BCHS Infusion Clinic:

<input type="checkbox"/> Patient will obtain iron sucrose through self-pay or from private insurance	OR	<input type="checkbox"/> Ontario Drug Benefit - Exceptional Access Program (EAP) Approval Received
--	-----------	--

Indication:

<input type="checkbox"/> For the treatment of iron deficiency anemia where the patient has demonstrated an intolerance to oral iron therapy	OR	<input type="checkbox"/> The patient has not responded to adequate therapy with oral iron
---	-----------	---

Patient Information:

Height: _____	Weight: _____
*Baseline Labs: Hgb: _____	Ferritin: _____ Iron Sat: _____

*PRIOR to first infusion

URGENCY SCALE: Within 2 weeks 3 weeks 4 weeks Greater than 4 weeks

Iron Sucrose Dose:

Physician: Check to Order	Hemoglobin (g/L)	Patient Weight (kg)	Iron Sucrose Dose BCHS * Initial Doses Only
<input type="checkbox"/>	Female: More than 120	Less than 70	200 mg x 1 dose
	Male: More than 130	70 or more	200 mg x 1 dose
<input type="checkbox"/>	Female: 100 to 120	Less than 70	200 mg x 1 dose
	Male: 100 to 130	70 or more	200 mg x 1 dose
<input type="checkbox"/>	70 to 99	Less than 70	200 mg x 1 dose
<input type="checkbox"/>	70 to 99	70 or more	200 mg x 1 dose
<input type="checkbox"/>	Less than 70	Less than 70	200 mg x 1 dose
<input type="checkbox"/>	Less than 70	70 or more	200 mg x 1 dose

**Brant Community Healthcare System
(BCHS)/Local Health Integration Networks
(LHIN)**

**NON-DIALYSIS IV IRON SUCROSE (VENOFER)
PREPRINTED ORDERS**

BCHS ORDERS – Initial Infusion

Phone Number: 519-751-5544-xt 5520

Patient Information (complete or affix label)

Patient Name: _____

Address: _____

Health Card Number: _____

Phone number: _____

Alternate Phone Number: _____

Monitoring:

- Record vital signs pre-transfusion and q15 minutes x 2, post-transfusion as needed
- Begin each iron sucrose infusion at 40 mL/hr for 15 minutes. If tolerated, infuse remainder of dose at 200 mL/hr
- Observe for signs of anaphylactoid reactions (ie diaphoresis, hypotension, collapse)
 - If reaction occurs:
 - STOP INFUSION and call ordering physician and/or Internist on call and/or code blue.
 - Subsequent doses to be HELD, until direction provided by ordering physician.

Preparation:

- Insert saline lock
- Mix iron sucrose (Venofer®) 200 mg dose in 100 mL NS

Medication Orders and Administration Instructions:

- Dexamethasone 10 mg PO *for high risk only*:
 - Previous infusion reaction, immune or inflammatory conditions such as systemic lupus or rheumatoid arthritis, severe asthma/eczema/atopic allergy, multiple drug allergies
 - Give 15 min prior to IV iron administration
- Iron sucrose, as per dosing table (previous page)

Post-Infusion:

- Observe patient for 15 minutes
- If stable, remove IV and discharge home

Date: _____ Time: _____ Signature: _____