VENOFER Order Form

Send completed form to Coverdale Infusion Clinics:

Fax:1-888-236-3502 or Email: enrollment@coverdaleclinic.com

An infusion fee will apply and is payable by credit card to the Coverdale Resource Center at the time of booking. Please note that a cancellation fee may also apply.

Patient Information			
Patient Name:		DOB (dd/mm/yyyy):	Patient Phone Number:
Patient Health Card Number:		Patient has private insurance coverage ☐ Yes ☐ No	
Clinical Details			
Diagnosis:	Patient Weight (kg):	Date of Weight:	Hemoglobin: _____ (g/L)
Allergies : ☐ N/A ☐ Yes :			
Relevant Medical History: ☐ Prior IV iron reaction ☐ Pregnancy ☐ Other:			

Prescriber Information			
Prescriber Name:	Prescriber License #:	Phone Number:	Fax Number:
Address:		Email:	

VENOFER: <u>ADULT</u> (≥18 years) PRESCRIPTION INFORMATION

Pre-Medications: ☐None required ☐Other:

Route: ☐ Intravenous Infusion ☐ Slow Intravenous Injection (IV push)

Total Treatment Course:

☐ 1000 mg total (standard course)

☐ Other total dose: _____ mg

Dose <u>per</u> Administration (select one):

☐ 100 mg ☐ 300 mg (**maximum per dose**)

☐ 200 mg (**typical**) ☐ Other: _____ mg

Frequency (select one):

☐ Once weekly

☐ 1- 3 times per week (**≥24 hours between doses**)

☐ Repeat treatment course: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other:

<u>Is patient pregnant</u>? ☐ No ☐ Yes – If yes, I confirm patient is ≥16 weeks gestation and risks outlined in the product monograph have been discussed with the patient.

VENOFER: <u>PEDIATRIC</u> < 12 years– PRESCRIPTION INFORMATION

Pre-Medications: ☐None required ☐Other:

Route: ☐ Intravenous Infusion ☐ Slow Intravenous Injection

Total Treatment Course is based on **calculated iron deficit**

Dose <u>per</u> Administration (select one):

☐ 2 mg/kg up to 300mg (standard dose)

☐ _____ mg/kg (0.5 - 7 mg/kg up to 300mg per dose)

☐ Other: _____ mg

Frequency (select one):

☐ Once weekly

☐ Repeat treatment course: ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Other:

Administration: Infuse over 2 - 4 hours, titrating as tolerated. Post-infusion observation: 30 minutes.

Pediatric Use: Venofer is not authorized for pediatric use per the product monograph. By signing, the prescriber confirms that risks and benefits have been discussed and informed consent obtained.

I authorize Coverdale Resource Centre to act as my designated agent to forward this prescription to the pharmacy chosen by the patient named above. This prescription is the original order and is intended solely for the patient's selected pharmacy.

Note: The prescribing physician is responsible for monitoring and treatment decisions and must notify Coverdale of any changes, including discontinuation.

Prescriber Signature:	**Date (dd/mmm/yyyy):**

[1] Children's Hospital of Eastern Ontario (CHEO). *Parenteral Drug Therapy Manual.* Retrieved from CHEO Outreach Manual

VENOFER® (iron sucrose) Product Monograph. American Regent, Inc. Date of revision: **February 14, 2023**

VENOFER – Physician Dosing Guidelines

VENOFER dosing should be individualized based on total iron requirement, with administration guided by per-infusion maximum limits and appropriate follow-up.

Adult Dosing

Do NOT give total dose in a single infusion — VENOFER must be given in divided doses

Determine Total Iron Need:

- Total iron requirement based on clinical assessment of iron deficit
- Typical adult course: **1000 mg total**
- Optional (if calculating deficit):

  Ganzoni Formula: → Total iron (mg) = Weight (kg) × (Target Hb – Actual Hb) × 0.24 + 500

Infusion Dose Calculation

- If total target ≤ 1000 mg: Give as **200 mg over multiple doses**
- If total target >1000 mg: Continue **200 mg doses 1 – 3 times/week (≥24 hours apart)** until total iron need reached

Pregnancy Considerations

- Use only if clearly indicated and benefits outweigh risks
- Restrict use to ≥16 weeks gestation
- No dose adjustment required — use standard dosing approach (divided doses)

Pediatric Dosing[1]

VENOFER is not approved for pediatric patients by Health Canada. The following dosing is provided for reference only and must be prescribed based on clinical judgment and patient-specific assessment.

- Total dose is based on the calculated iron deficit (clinical assessment)
- There is no standard total dose
- Dose per administration: weight-based (0.5–7 mg/kg) per reference guidance; typical dosing **2 mg/kg**, with a **maximum of 300 mg** per dose
- Administer in divided doses administered weekly until iron repletion is achieved
- Continue treatment until iron repletion is achieved, guided by Hb, ferritin, and TSAT

Reassessment

- Reassess ≥ 4 weeks after final infusion
- Recheck Hb, ferritin, and TSAT
- If iron deficiency persists: recalculate total and order further doses
- Ferritin and TSAT confirm deficiency and guide repeat dosing; additional doses may be needed for full repletion

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