



MONOFERRIC 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Details			
Diagnosis:	Patient Weight (kg):	Date of Weight:	Hemoglobin: _____ (g/L)
Allergies : <input type="checkbox"/> N/A <input type="checkbox"/> Yes :			
Relevant Medical History: <input type="checkbox"/> Prior IV iron reaction <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other:			

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

MONOFERRIC: ADULT (≥18 years) PRESCRIPTION INFORMATION	
Pre-Medications: <input type="checkbox"/> None required <input type="checkbox"/> Other:	
Route: <input type="checkbox"/> Intravenous Infusion (diluted in sterile 0.9% Sodium Chloride) <input type="checkbox"/> Intravenous Injection (Bolus)	
Ordered Dose: _____ mg	Frequency (select one): <input type="checkbox"/> One time treatment (<i>Not to exceed 1500mg OR 20mg/kg</i>) <input type="checkbox"/> Split dose - 2 doses ≥7 days apart (<i>If total dose exceeds 20 mg/kg or 1500 mg</i>) <input type="checkbox"/> Repeat treatment course: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Is patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, I confirm patient is ≥16 weeks gestation and risks outlined in the product monograph have been discussed with the patient.	

MONOFERRIC: PEDIATRIC (2 -18 years) – PRESCRIPTION INFORMATION	
Pre-Medications: <input type="checkbox"/> None required <input type="checkbox"/> Other:	
Route: <input type="checkbox"/> Intravenous Infusion (diluted in sterile 0.9% Sodium Chloride) <input type="checkbox"/> Intravenous Injection (Bolus)	
Ordered Dose: _____ mg	Frequency (select one): <input type="checkbox"/> One time treatment (<i>Not to exceed 1500mg OR 20mg/kg</i>) <input type="checkbox"/> Split dose - 2 doses ≥7 days apart (<i>If total dose exceeds 20 mg/kg or 1500 mg</i>) <input type="checkbox"/> Repeat treatment course: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<i>Suggested</i> maximum 1,000 mg; absolute maximum 1,500 mg.	
Administration: Infuse over 2 hours, titrating as tolerated. Post-infusion observation: 30 minutes.	
Pediatric Use: Monoferric 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>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.</i>	
Prescriber Signature:	Date (dd/mmm/yyyy):

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

Adult Dosing

Determine Total Iron Need:

Hb (g/dL)	<50kg	50 to < 70kg	≥70 kg
≥10	500mg	1000mg	1500mg
<10	500mg	1500mg	2000mg

MONOFERRIC® (ferric derisomaltose for injection) Product Monograph. Pfizer Canada ULC. Revised January 29, 2025.

- **This is the total target, not the dose per infusion.**
- **Confirm Hb, ferritin, and TSAT prior to treatment.**
- A second dose may be required depending on total deficit

Infusion Dose Calculation

Calculate weight-based dose: Weight (kg) × 20 = _____ mg

- If total target ≤ 1500 mg: give as a single infusion
- If total target > 1500 mg: split into doses ≥ 7 days apart — give the largest appropriate dose first (as close to 20 mg/kg as possible, without exceeding 1500 mg)

Pregnancy Considerations

- Use only if clearly indicated and benefits outweigh risks
- Restrict use to ≥16 weeks gestation
- *Consider lower* maximum single dose (≤1000 mg)

Pediatric Dosing

MONOFERRIC 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.

- **<50 kg:** 20 mg/kg IV as a single infusion
- **50 to <70 kg:** 1000 mg IV as a single infusion; may increase to 1500 mg if Hb <100 g/L
- **≥70 kg:** 1000–1500 mg IV as a single infusion
- Suggested maximum: 1000 mg
- Absolute maximum: 1500 mg

Reassessment

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