

(Ferric carboxymaltose)



Injectafer infusion orders

Patient Name _____ DOB _____

Phone Number _____ M ____ F ____

DIAGNOSIS *Please provide ICD-10 code* _____ Iron Deficiency with Heart Failure

_____ Iron Deficiency Anemia _____ Other

PRE-MEDICATIONS (optional)

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

Injectafer (ferric carboxymaltose) ORDERS

DOSAGE & FREQUENCY

Iron deficiency anemia:

- >50kg: Two 750mg doses, 7 days apart
- <50kg: Two 15mg/kg doses, 7 days apart

Patient Weight

_____ lbs
_____ kg

Iron deficiency with heart failure:

<70kg

- Hb <10g/dL: 1000mg day 1 & 500mg week 6
- Hb 10-14g/dL: 1000mg once
- Hb >14g/dL: 500mg once

>70kg

- Hb <10g/dL: 1000mg day 1 & 1000mg week 6
- Hb 10-14g/dL: 1000mg day 1 & 500mg week 6
- Hb >14g/dL: 500mg once

- Please fax the patient's ferritin or TSAT results with this completed form

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____