

# INJECTAFER® (ferric carboxymaltose)

## Patient Information

Full Name: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg Height: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Allergies:  NKDA \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Patient Status:  New to therapy  Continuing therapy Last Treatment Date: \_\_\_\_\_ Next Treatment Date: \_\_\_\_\_

## Required Documentation

- Patient Demographics and Insurance Card  Medication List  
 Clinical/Progress Notes Supporting Dx  Recent labs indicating iron deficiency anemia (Iron studies and CBC)

## Primary Diagnosis

 ICD-10 Code (required): \_\_\_\_\_


- Iron Deficiency Anemia  Other: \_\_\_\_\_

## Pre-Medication

- Acetaminophen (Tylenol) PO  500mg  650mg  1000mg  
 Diphenhydramine (Benadryl)  25mg  50mg  PO  IV  
 Methylprednisolone (Solu-Medrol) IV  40mg  125mg  
 Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_

## Therapy Administration

- Injectafer 750mg IV weekly for 2 doses  RN to flush and lock VAD/CVAD per violet health protocol (see violetinfusions.com/protocol for policy)  
 Injectafer 15mg/kg IV weekly for 2 doses  Administer acute infusion and anaphylaxis medications per violet health protocol (see violetinfusions.com/protocol for policy)  
 Other: \_\_\_\_\_  RN to manage VAD per company protocol and administer ordered therapy per manufacturer guidelines.  
**Refills:**  No Refills  Other: \_\_\_\_\_  RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration.  
 Other: Please fax alternative reaction orders, flush orders, or nursing administration orders if checking this box

 **Patients will be monitored for 30 minutes following infusion unless otherwise specified. Max dose is 1,500mg for a single dose.**

## Provider Information

Provider Name: \_\_\_\_\_ Office Contact Person: \_\_\_\_\_  
 Referring Practice Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Referring Practice Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_