

Ferric Carboxymaltose (Injectafer) Order Form

SOMC Cancer Center & Infusion
Ph: (740) 356-7490
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PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____
 Patient Address: _____
 Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____
 Prescriber Name/Title: _____ Address: _____
 Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, hemoglobin, hematocrit, and iron studies within the last 30 days, and medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- Infusion rates will follow manufacturer recommendations.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- 0.9% NaCl 250 ml primary at KVO during infusion, and flush line during observation period.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

Pre-Treatment Medications: (None Required) To be administered 30 minutes prior to each administration.

- Diphenhydramine (Benadryl) 25 mg PO 1x dose
- Diphenhydramine (Benadryl) 12.5 mg IV 1x dose
- Other (Please Specify) - _____

_____ **AND** _____

Diagnosis (Check all that apply)

- Iron Deficiency Anemia with unsatisfactory response to oral iron.
- Iron Deficiency Anemia in non-dialysis dependent chronic kidney disease.
- Iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.
- Other _____

(Please Specify Stage in CKD) _____

Dose:

- Ferric carboxymaltose (Injectafer) 750 mg IV (Patient weight 50 kg or more), 2 doses at least 7 days apart, not to exceed 1500/mg
_____ **OR** _____
- Ferric carboxymaltose (Injectafer) 15 mg/kg IV (Patient weight less than 50 kg), 2 doses at least 7 days apart, not to exceed 1000/mg

PROVIDER:

DATE:

TIME:

SIGNATURE: