



Nucara Pharmacy      Nucara Infusion Center  
 6111 Burnet Rd      6013 Burnet Rd  
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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Wt(kg): \_\_\_\_\_

Allergies: \_\_\_\_\_ Phone: \_\_\_\_\_

## Injectafer (Ferric Carboxymaltose) Infusion Orders

### Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, diagnostic results

### Primary Diagnosis:

- Iron deficiency anemia (ICD-10 : \_\_\_\_\_)
- Other: \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

### INJECTAFER ORDERS

**<50kg:** Injectafer 15mg/kg on day 1; repeat dose after at least 7 days  
**≥50kg:** Injectafer 750mg on day 1; repeat dose after at least 7 days  
 Other: Injectafer \_\_\_\_\_ mg; frequency: \_\_\_\_\_

*Administered per manufacturer guidelines*

### PRE-MEDICATIONS

PO Tylenol \_\_\_\_\_ mg  
 PO Cetirizine \_\_\_\_\_ mg  
 IV Solu-medrol \_\_\_\_\_ mg

PO Loratadine \_\_\_\_\_ mg  
 PO IV Diphenhydramine \_\_\_\_\_ mg  
 PO IV Other: \_\_\_\_\_ mg

### LABS

CBC      ESR      Uric Acid  
 CMP      TB Quantiferon Gold      Other: \_\_\_\_\_  
 CRP      Hep B Core/Surface AG      Other: \_\_\_\_\_

Frequency:      Every Visit  
                     Every Other Visit  
                     One time only  
                     Other: \_\_\_\_\_  
 CPL Acct #: \_\_\_\_\_

### ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

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Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: