injectafer®
ferric carboxymaltose injection

Fax referral form

Dear Healthcare Provider:

Now that you have selected Injectafer for your patient, obtained the appropriate consent from the patient to share their information, and explained the purpose for which the information is being used, please fill out this form and fax it to the infusion practice or center. Be sure to attach a copy of your patient's insurance information and current lab values. If required, also include clinical documentation or attestation of failed treatments and/or emergency/rescue medication(s).

In addition, remember to direct your patients or their caregivers to injectafer.com where they can download the Patient Brochure, which is designed to provide an overview of iron deficiency anemia and/or iron deficiency in certain heart failure patients, the infusion process, and how the treatment you have selected may help.

If you need any assistance obtaining Injectafer, or have questions about reimbursement, please don't hesitate to contact us at this number: 1-877-448-4766. Care coordinators are available Monday–Friday, 8:00 am–6:00 pm ET, excluding holidays. You may also visit AR-Assist.com.

INDICATIONS

Injectafer® (ferric carboxymaltose injection) is indicated for the treatment of iron deficiency anemia (IDA) in adult and pediatric patients 1 year of age and older who have either intolerance or an unsatisfactory response to oral iron, and in adult patients who have non-dialysis-dependent chronic kidney disease. INJECTAFER is also indicated for iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity.

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SYMPTOMATIC HYPOPHOSPHATEMIA

- **INJECTAFER can cause severe, prolonged hypophosphatemia associated with serious outcomes, including hospitalization, osteomalacia, and fractures requiring clinical intervention.**
- **Hypophosphatemia has occurred in patients with normal baseline phosphate levels and without apparent risk factors for hypophosphatemia.**
- **Check serum phosphate levels prior to a repeat course of treatment in patients at risk for low serum phosphate and in any patient who receives a repeat course of therapy within three months. Correct pre-existing hypophosphatemia prior to administering INJECTAFER.**
- **Advise patients receiving INJECTAFER about the risk of hypophosphatemia and to report any signs and symptoms of hypophosphatemia (e.g., fatigue, muscle weakness or pain, bone and joint pain, bone fractures).**

Sincerely,

AMERICAN REGENT®

Please see additional Important Safety Information, including BOXED WARNING, and Full Prescribing Information.

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CONTRAINDICATIONS

INJECTAFER is contraindicated in patients with hypersensitivity to INJECTAFER or any of its inactive components.

WARNINGS AND PRECAUTIONS

Symptomatic Hypophosphatemia

Symptomatic hypophosphatemia, including severe cases, with serious outcomes such as osteomalacia and fractures requiring clinical intervention have occurred in patients treated with INJECTAFER in the post-marketing setting. These cases have occurred after single and multiple doses of INJECTAFER. Risk factors for hypophosphatemia include a history of gastrointestinal disorders associated with malabsorption of fat-soluble vitamins or phosphate, inflammatory bowel disease, concurrent or prior use of medications that affect proximal renal tubular function, hyperparathyroidism, vitamin D deficiency, malnutrition, and hereditary hemorrhagic telangiectasia (HHT or Osler-Weber-Rendu syndrome). However, individuals without apparent risk factors have experienced symptomatic hypophosphatemia. In most cases, hypophosphatemia resolved within three months.

Check serum phosphate levels prior to a repeat course of treatment if the patient is at risk for low serum phosphate or if the patient will receive a repeat course of therapy within three months of the prior course. Correct pre-existing hypophosphatemia prior to administering INJECTAFER. Monitor serum phosphate levels in patients at risk for chronic low serum phosphate. Treat hypophosphatemia as medically indicated.

Consider permanent discontinuation of INJECTAFER for severe symptomatic hypophosphatemia or persistent hypophosphatemia.

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been life-threatening and fatal, have been reported in patients receiving INJECTAFER. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after INJECTAFER administration for at least 30 minutes and until clinically stable following completion of the infusion. Only administer INJECTAFER when personnel and therapies are immediately available for the treatment of serious hypersensitivity reactions. In clinical trials, serious anaphylactic/anaphylactoid reactions were reported in 0.1% (2/1775) of subjects receiving INJECTAFER. Other serious or severe adverse reactions potentially associated with hypersensitivity which included, but were not limited to, pruritus, rash, urticaria, wheezing, or hypotension were reported in 1.5% (26/1775) of these subjects.

Hypertension

In clinical studies, hypertension was reported in 4% (67/1775) of subjects in clinical trials 1 and 2. Transient elevations in systolic blood pressure, sometimes occurring with facial flushing, dizziness, or nausea were observed in 6% (106/1775) of subjects in these two clinical trials. These elevations generally occurred immediately after dosing and resolved within 30 minutes. Monitor patients for signs and symptoms of hypertension following each INJECTAFER administration.

Laboratory Test Alterations

In the 24 hours following administration of INJECTAFER, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in INJECTAFER.

ADVERSE REACTIONS

The most common adverse reactions in adult patients (>2%) are nausea, hypertension, flushing, injection site reactions, erythema, hypophosphatemia, and dizziness.

The most common adverse reactions in pediatric patients (≥4%) are hypophosphatemia, injection site reactions, rash, headache, and vomiting.

Post-Marketing Experience

Adverse reactions have been identified during post approval use of INJECTAFER. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The following adverse reactions have been reported from the post-marketing spontaneous reports with INJECTAFER: *cardiac disorders*: tachycardia; *general disorders and administration site conditions*: chest discomfort, chills, pyrexia; *metabolism and nutrition disorders*: hypophosphatemia; *musculoskeletal and connective tissue disorders*: arthralgia, back pain, hypophosphatemic osteomalacia; *nervous system disorders*: syncope; *respiratory, thoracic, and mediastinal disorders*: dyspnea; *skin and subcutaneous tissue disorders*: angioedema, erythema, pruritus, urticaria; *pregnancy*: fetal bradycardia.

USE IN SPECIFIC POPULATIONS

Pregnancy – *Fetal/Neonatal Adverse Reactions*

Severe adverse reactions including circulatory failure (severe hypotension, shock including in the context of anaphylactic reaction) may occur in pregnant women with parenteral iron products (such as INJECTAFER), which may cause fetal bradycardia, especially during the second and third trimester.

INDICATIONS

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Please see Full Prescribing Information, including BOXED WARNING.

You are encouraged to report Adverse Drug Events to American Regent, Inc.® at 1-800-734-9236 or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

REF-2472 (v8.0) 8/2026

injectafer® ferric carboxymaltose injection

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Fax Cover Sheet—Referral

To:	From:
Fax:	Fax:
Phone:	Phone:
Date:	

Subject: Patient Referral

Please see the attached referral letter and supporting documentation for review.

This fax contains confidential medical information intended solely for the individual or entity listed above. If you have received this transmission in error, please notify the sender immediately and destroy all copies.

Should you require additional information or clarification, please contact our office at the number listed above.

Thank you for your attention to this referral.

AMERICAN REGENT®

Fax referral form

injectafer® ferric carboxymaltose injection

Referring physician

Name: _____

Phone: _____

Fax: _____

Date: _____

Stamp area for convenience

Dear Doctor/medical office:

I am referring my patient to you for administration of Injectafer as follows[1]:

Patient weight _____ lbs/kg

Indications

- ☐ Patient has iron deficiency anemia and has intolerance to oral iron or unsatisfactory response to oral iron.*
- ☐ Patient has iron deficiency anemia and has non-dialysis-dependent chronic kidney disease (NDD-CKD).*
- ☐ Adult patient for iron deficiency with heart failure and New York Heart Association class II/III to improve exercise capacity.†

First dose ☐ 750 mg[1] ☐ Alternate dose: _____ mg

Second dose ☐ 750 mg[1] ☐ Alternate dose: _____ mg

Please note: If administering 1 course of treatment of up to 1,500 mg, each dose of up to 750 mg must be separated by at least 7 days.[1]*†

*For patients weighing less than 50 kg (110 lb), the recommended dosage is Injectafer 15 mg/kg body weight intravenously in 2 doses, separated by at least 7 days per course.[1]

†Please see the Full Prescribing Information, including BOXED WARNING, for the recommended weight-based dosing for iron deficiency in patients with heart failure and New York Heart Association class II/III to improve exercise capacity.[1]

Patient information

Please note: Include a copy of the patient's insurance information and current lab values with this fax. If required, also include clinical documentation or attestation of failed treatments and/or emergency/rescue medication(s).

Name | Phone

Address | Date of birth | SS#

Primary insurance | Phone

Secondary insurance | Phone

Diagnosis coding

Injectafer has a product-specific J code: **J1439**

11-digit National Drug Code (NDC) for claims processing:

100 mg: 00517-0602-01

750 mg: 00517-0650-01

1,000 mg: **00517-0620-01**

ICD-10-CM code

Secondary ICD-10-CM code for underlying condition

Please note: Injectafer prescriptions require a primary ICD-10-CM code for iron deficiency (ID) and iron deficiency anemia (IDA), as well as a secondary code for the underlying condition/etiology of ID or IDA.

Physician's signature X **Date**

To be completed by the infusion center

Please get in touch with this patient to make an appointment for each Injectafer infusion.

Infusion confirmation: Please fax back confirmation of each infusion.

Patient name | Date of infusion

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

Please see the Important Safey Information, including BOXED WARNING, on the following page and Full Prescribing Information.

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Reference: 1. Injectafer. Package insert. American Regent, Inc.

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