Nucara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

Nucara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x8
Fax: 512-524-1801

Patient Name:_____

DOB:_____ Wt(kg):_____

Allergies:_____ Phone:_____

Benlysta (Tocilizumab)
Infusion Orders

Required Information:

- ☐ Signed order from prescribing provider
- ☐ Patient demographics including insurance information
- ☐ Supporting clinical documentation: Visit notes, lab & imaging results
- ☐ Last ANA

Primary Diagnosis:

- ☐ Systemic Lupus Erythematosus (ICD-10:_____)
- ☐ Other:_____(ICD-10:_____)

BENLYSTA ORDERS

☐ Benlysta 10mg/kg

---OR---

☐ Other: _____

Frequency: ☐ Induction - days 0, 14, and 28
☐ Every 28 days

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 Infusion
☐ Every Other Infusion
☐ One time only
☐ Other:_____

CPL Acct #:_____

ADDITIONAL INSTUCTIONS

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

_____

_____

_____

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