



Nucara Pharmacy      Nucara Infusion Center  
 6111 Burnet Rd      6013 Burnet Rd  
 Austin, TX 78757      Austin, TX 78757  
 Phone: 512-454-9923      Phone: 512-454-9923 x8  
 Fax: 512-524-1801      Fax: 512-524-1801

Patient Name: \_\_\_\_\_

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

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

## Inflectra (infliximab-dyyb) Infusion Orders

### Required Information:

Signed order from prescribing provider  
 Patient demographics including insurance information  
 Supporting clinical documentation: Visit notes, diagnostic results  
 Required Labs: TB & Hep B screening

### Primary Diagnosis:

Crohn's Disease (ICD-10 : \_\_\_\_\_)  
 Ulcerative Colitis (ICD-10: \_\_\_\_\_)  
 Rheumatoid Arthritis (ICD-10 : \_\_\_\_\_)  
 Psoriasis (ICD-10 : \_\_\_\_\_)  
 Ankylosing Spondylitis (ICD-10 : \_\_\_\_\_)

### INFLECTRA ORDERS

Inflectra \_\_\_\_mg/kg

Frequency: Induction: weeks 0, 2, 6, then every 8 weeks  
 Subsequent: every \_\_\_\_ weeks

Date of Last Inflectra: \_\_\_\_\_

*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

Frequency: Every Visit  
 Every Other Visit  
 One time only  
 Other: \_\_\_\_\_

CMP

TB Quantiferon Gold

Other: \_\_\_\_\_

CRP

Hep B Core/Surface AG

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: