



Nucara Pharmacy      Nucara Infusion Center  
 6111 Burnet Rd      6013 Burnet Rd  
 Austin, TX 78757      Austin, TX 78757  
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Patient Name: \_\_\_\_\_

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

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

## Benlysta (Tocilizumab) SubQ Injection 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 400mg once weekly x 4 weeks, then 200mg once weekly thereafter

Benlysta 200mg once weekly

*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

CMP

TB Quantiferon Gold

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

One time only

CRP

Hep B Core/Surface AG

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

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

CPL Acct #: \_\_\_\_\_

### ADDITIONAL INSTRUCTIONS

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: