



Nucara Pharmacy      Nucara Infusion Center  
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Austin, TX 78757      Austin, TX 78757  
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Patient Name: \_\_\_\_\_

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

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

## Avsola (infliximab-axxq) 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 : \_\_\_\_\_)

### AVSOLA ORDERS

Avsola \_\_\_\_\_ mg/kg

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

Date of Last Avsola: \_\_\_\_\_

*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 INSTRUCTIONS

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

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