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:_____

RITUXAN (Rituximab) 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:

- ☐ Rheumatoid Arthritis (ICD-10 :_____)
- ☐ Granulomatosis with Polyangiitis (ICD-10:_____)
- ☐ Moderate to Severe Pemphigus Vulgari (ICD-10 :_____)
- ☐ _____ (ICD-10:_____)

RITUXAN ORDERS

Dose: ☐ Rituxan 1000mg IV on days 1 and day 15

Frequency: ☐ Once ☐ Every 24 weeks

Dose: ☐ Rituxan 500mg IV on days 1 and day 15

Frequency: ☐ Once ☐ Every 24 weeks

Dose: ☐ Rituxan _____ mg IV

Frequency: _____

Administered per manufacturer guidelines

Date of Last Rituximab: _____

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
- ☐ CMP
- ☐ CRP
- ☐ ESR
- ☐ TB Quantiferon Gold
- ☐ Hep B Core/Surface AG
- ☐ Uric Acid
- ☐ Other:_____
- ☐ Other:_____

Frequency:
- ☐ Every Visit
- ☐ Every Other Visit
- ☐ 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:**