



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: _____

Renflexis (infliximab-abda) 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 : _____)

RENFLEXIS ORDERS

Renflexis _____mg/kg

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

Date of Last Renflexis: _____

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: