



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: _____

Truxima (Rituximab-abbs) 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 Vulgaris (ICD-10 : _____)
_____ (ICD-10: _____)

TRUXIMA ORDERS

Dose: Truxima 1000mg IV on days 1 and day 15

Frequency: Once Every 24 weeks

Dose: Truxima _____ mg IV

Frequency: _____

Dose: Truxima 500mg IV on days 1 and day 15

Frequency: Once Every 24 weeks

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

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: