



NuCara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
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NuCara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x4
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Vital Care NuCara Infusion Center
4201 W. Stan Schuleter Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Trogarzo (Ibalizumab-uiyk) Infusion Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, diagnostic results

Primary Diagnosis:

Human Immunodeficiency Virus (ICD-10 : _____)

TROGARZO ORDERS

Loading Dose: Administer Trogarzo 2000mg intravenously over 30 minutes one time. Observe patient for 1 hour post infusion.

Maintenance Dose: Administer Trogarzo 800mg intravenously over 15 mins **OR** IV push over 30 seconds every 2 weeks. Observe patient for 15 minutes post infusion.

Administered per manufacturer guidelines Duration: 1 year or _____ # of Treatments

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

CMP

TB Quantiferon Gold

HIV Viral Load

Every Other Visit

CRP

Hep B Core/Surface AG

Other: _____

One time only

Other: _____

CPL Acct #: _____

ADDITIONAL INSTUCTIONS

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

Physician Name: _____ Ph: _____ Fax: _____

Physician Signature: _____ NPI: _____ Date: _____