

**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:
Infliximab Infusion Orders	
REQUIRED INFORMATION	PRIMARY DIAGNOSIS
Signed order from prescribing provider Patient demographics including insurance information Supporting clinical documentation: Visit notes, diagnostic results Required Labs: TB & Hep B screening	Crohn's Disease (ICD-10:) Ulcerative Colitis (ICD-10:) Rheumatoid Arthritis (ICD-10:) Psoriasis (ICD-10:) Ankylosing Spondylitis (ICD-10:)
INFLIXIMAB ORDERS	
☐ AVSOLA mg/kg Frequency: ☐ Induction: w every 8 week	veeks 0, 2, 6, then  Date of Last Infliximab:
REMICADE mg/kg Subsequent:	every weeks
RENFLEXIS mg/kg  Administered per manufacturer guidelines  *NAME BRAND SELECTION BASED ON PREFERRED PRODUCT FROM INSURANCE*	
PRE-MEDICATIONS	
PO Tylenol mg PO Loratadine	mg
PO Cetirizine mg PO Viv Diphenhydramine mg	
IV Solu-medrol mg PO IV Other:	mg
LABS	
□ CBC       □ ESR       □ Uric Acid         □ CMP       □ TB Quantiferon Gold       □ Other:         □ CRP       □ Hep B Core/Surface AG       □ Other:	One time only
ADDITIONAL INSTRUCTIONS	
Please include accomodations to be made for the patient, catheter care, prn orders, etc.	
Physician Name: Phone:	Fax:
Physician Signature: NPI:	Date: