



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 x4
Fax: 512-524-1801

Vital Care NuCara Infusion Center
4201 W. Stan Schuler Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

ILUMYA (tildrakizumab-asmn) SubQ Injection Orders

Required Information:

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

Primary Diagnosis:

_____ (ICD-10 : _____)

Secondary Diagnosis:

_____ (ICD-10: _____)

Other: _____ (ICD-10: _____)

ILUYMA ORDERS

Loading: **Iluyma 100mg SubQ at weeks 0, 4, then every 12 weeks thereafter**

Duration:

1 year or _____ # of Treatments

Maintenance: **Iluyma 100mg SubQ every 12 weeks**

Date of Last Ilumya: _____

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

Frequency: Every Visit
Every Other Visit
One time only
Other: _____

CMP

TB Quantiferon Gold

Other: _____

CRP

Hep B Core/Surface AG

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: