



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 Schuleter Loop Unit B  
Killeen, TX 76549  
Phone: 512-454-9923 x2  
Fax: 512-524-1801

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Wt(kg): \_\_\_\_\_

Allergies: \_\_\_\_\_ Phone: \_\_\_\_\_

## Avsola (infliximab-axxq) 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 : \_\_\_\_\_)

### AVSOLA ORDERS

Avsola \_\_\_\_\_ mg/kg

Duration:

1 year or \_\_\_\_\_ # of Treatments

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

Date of Last Avsola: \_\_\_\_\_

Subsequent: every \_\_\_\_\_ weeks

*Administered per manufacturer guidelines*

### PRE-MEDICATIONS

PO Tylenol \_\_\_\_\_ mg

PO Loratadine \_\_\_\_\_ mg

PO Cetirizine \_\_\_\_\_ mg

PO IV Diphenhydramine \_\_\_\_\_ mg

IV Solu-medrol \_\_\_\_\_ mg

PO IV Other: \_\_\_\_\_ mg

### LABS

CBC

ESR

Uric Acid

Frequency:

Every Visit

CMP

TB Quantiferon Gold

Other: \_\_\_\_\_

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.

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Physician Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_