



(mepolizumab)

# NUCALA infusion orders

Patient Name

DOB

Phone

M

F

## DIAGNOSIS *Please provide ICD-10 code*

Severe Allergic Asthma with Eosinophilic Phenotype > 12  
yro Adult Eosinophilic Granulomatosis with Polyangiitis  
(EGPA)

*(other)*

## PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

*(other)*

*(other)*

## NUCALA ORDERS

DOSAGE	PATIENT WEIGHT
100mg SQ, every 4 weeks	lbs.
300mg SQ as separate 100mg injections, every 4 weeks	kg

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date

Provider

Phone

Fax