

## NUCALA (mepolizumab) 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