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## 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  
Quzyttir 10mg IVSP over 1-2 min

Solu-Medrol 125mg IVP  
Solu-Cortef 100mg IVP  
Diphenhydramine 25mg IVP

*(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