(mepolizumab)

NUCALA infusion orders

Evansville Multi-Specialty Clinic

Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Severe Allergic Asthma with Eosiniphilic Phenotype > 12 yro

☐ _____ Adult Eosinophilic Granulomatosis with Polyangiitis (EGPA)

☐ _____ _____ *(other)*

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____ *(other)*

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ _____ *(other)*

NUCALA ORDERS

DOSAGE

☐ 100mg SQ, every 4 weeks

☐ 300mg SQ as separate 100mg injections, every 4 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

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