## $\overset{\text{(mepolizumab)}}{\text{NUCALA}}$ infusion orders



Patient Name		DOB		
Phone			Μ	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				