FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(mepolizumab)

# NUCALA infusion orders

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 _____