



# (mepolizumab) NUCALA 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 \_\_\_\_\_