



(mepolizumab)

NUCALA infusion orders

249 Danbury Rd, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

127 Washington Ave, N. Haven, CT 06473

220 Farmington Ave, Farmington, CT 06032

Ph: 203-883-0038 Fax: 203-724-4838

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
HEIGHT	ft in

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax