Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(mepolizumab)

NUCALA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies:_____

REFERRAL STATUS

☐ New Referral ☐ Medication/Order Change ☐ Discontinuation Order
☐ Referral Renewal ☐ Benefits Verification Only

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Severe Allergic Asthma with Eosiniphilic Phenotype > 12 yro
☐ _____ Adult Eosinophilic Granulomatosis with Polyangiitis (EGPA)
☐ _____ _____
(other)

PER-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

◉ 1,000u SQ, every 4 weeks
○ 300mg SQ as separate 100mg injections, every 4 weeks
○ Other

PATIENT WEIGHT

_____ lbs.
_____ kg

TOTAL DOSES: 1 yr _____ Other_____ Refill_____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone_____ Fax _____