

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



(mepolizumab)

NUCALA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

REFERRAL STATUS

☐ Allergies: _____

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

DIAGNOSIS Please provide ICD-10 code

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

PER-MEDICATION

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg IVP
☐ _____ (other) ☐ _____ (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 _____