



6415 Fort Apache Road, Suite #175
Las Vegas, NV 89148
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Nucala (mepolizumab) Infusion Orders

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Gender: _____ Height: _____ Weight: _____ (lb./kg)

Diagnosis

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

Pre-Medication

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

Orders

Dosage

- 100mg SQ, every 4 weeks
 - 300mg SQ – separate 100mg injections, every 4 weeks
- _____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____
Provider: _____ Phone: _____ Fax: _____
Address: _____
NPI: _____ DEA: _____