ThrIVewell INFUSION
555 Lefferts Ave.
Brooklyn, NY 11225
p. (212) 803-3339
f. (646) 768-8600

(mepolizumab)

NUCALA infusion orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS *Please provide ICD-10 code*

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

PRE-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	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 _____

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