

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067



(mepolizumab)

NUCALA

Infusion orders

Date: _____

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

DIAGNOSIS *Please provide ICD-10 code*

_____ Severe Allergic Asthma with Eosinophilic Phenotype > 12 yro

_____ Adult Eosinophilic Granulomatosis with Polyangiitis (EGPA)

PRE-MEDICATION

Tylenol 1000mg PO Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO Solu-Cortef 100mg IVP

Cetirizine 10mg PO Diphenhydramine 25mg IVP

_____ (other) _____ (other)

SPECIAL INSTRUCTIONS

NUCALA ORDERS

100mg 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/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____