



Prestige Infusions
 116 Boonton Avenue
 Kinnelon NJ 07405
 Phone : 973-850-6843
 Fax : 973-860-4530
 www.prestigeinfusion.com

NUCALA

(mepolizumab)

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

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

(other)

(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