



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg
 Primary Language: _____ Allergies: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

- D72.119 Hypereosinophilic Syndrome (HES)
- J44. ____ Chronic Obstructive Pulmonary Disease (COPD)
- J45.50 Severe Persistent Asthma, uncomplicated
- Other: _____
- J45.51 Severe Persistent Asthma w/Acute Exacerbation
- J82.83 Eosinophilic Asthma
- M30.1 Eosinophilic Granulomatosis with Polyangiitis (EGPA)

REQUIRED: Demographics & Most Recent: H&P, clinical notes, lab results & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

PRESCRIPTION

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine 10 mg PO
- Dexamethasone: _____ mg IV
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IV
- Other: _____
- Acetaminophen: _____ mg PO
- Famotidine: 20 mg IV
- Loratadine 10 mg PO
- Methylprednisolone: 125 mg IV
- Ondansetron 4 mg IV

Lab Orders

- CBC w/diff: every _____ weeks month
- CMP: every _____ weeks month
- Other: _____ weeks month

Nucala (mepolizumab)

Adult Dose

- SQ:** inject 100 mg subcutaneously every 4 weeks x 1 year
- SQ:** inject 300 mg subcutaneously every 4 weeks x 1 year

Pediatric Dose

- SQ:** inject 40 mg every 4 weeks x 1 year

Adverse Events: In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

Is the patient on any other disease modifying therapy? Yes No

If yes, please note therapy and last dose: _____

PRESCRIBING INFORMATION

Prescriber Name: _____ Signature: _____
 Date: _____ NPI # _____ Specialty: _____
 Office phone #: _____ Office Fax #: _____