



Mepolizumab (NUCALA)

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Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

- _____ Severe Asthma (Maintenance Treatment)
- _____ Eosinophilic Granulomatosis with Polyangiitis (EGPA)
- _____ Hypereosinophilic Syndrome
- _____ Other: _____

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Consider Herpes Zoster vaccination if medically appropriate
- Treat patients with pre-existing helminth infections before initiating therapy with Mepolizumab (NUCALA)

TREATMENT CRITERIA:

Hold Mepolizumab (NUCALA) If:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Severe hypersensitivity reaction to Mepolizumab (NUCALA)

Nursing Considerations:

- Monitor for adverse reaction, including vital signs and pulse ox, every 30 minutes after the first injection, for one hour. Reduce observation period to 30 minutes after the second injection and 15 minutes thereafter.

Special Instruction(s):

Premedications

No routine premeditations necessary.

Medications

Patient Weight _____ kg (**REQUIRED**)

Inject **Mepolizumab (NUCALA)** subcutaneously into the upper arm, thigh, or abdomen

Dose:

100 mg

300 mg (3 separate 100-mg injections)

Frequency:

Once every 4 weeks

INFUSION REACTION MEDICATIONS per Standardized Procedures

Provider Signature _____

Date _____

Email _____

Printed Name _____

Phone _____

Fax _____

Office Contact _____

Phone _____

Email _____