

**Mepolizumab (Nucala)**
**Patient and Physician Information**

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- Pulmonary Eosinophilia, not elsewhere classified (J82)
- Severe persistent asthma, uncomplicated (J45.40)
- Severe persistent asthma, with (acute) exacerbations (J45.41)

**Orders**

- Mepolizumab (Nucala) 100 MG SUBCUTANEOUSLY ONCE EVERY 4 WEEKS (J2182 : 1 MG = 1 unit)

**Infusion Reaction**

- If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

- Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
10082512

TIME: \_\_\_\_\_

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**PHYSICIAN'S SIGNATURE**

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES