

Mepolizumab (Nucala) Order Form

PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

LAB RESULTS: Include IgE levels and RAST or Skin Test for asthma diagnosis. Include IgE levels for nasal polyps. Include verification of eosinophil count from CBC.

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

Mepolizumab (Nucala)

- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

_____ AND _____

Diagnosis (Check all that apply)

- Severe Persistent Asthma, Uncomplicated **and** Eosinophilic Asthma
- Severe Persistent Asthma, Uncomplicated (ages 6-11) **and** Eosinophilic Asthma
- Chronic Rhinosinusitis **with** Nasal Polyps (CRSwNP)

Dose: Adult Dose (Ages 12-adolescents, adults)

- Mepolizumab (Nucala) 100 mg, subcutaneous, every 4 weeks, X 1 year
- Other: _____
- Mepolizumab (Nucala) 40 mg, subcutaneous, every 4 weeks, X 1 year
- Other: _____

_____ OR _____

Diagnosis (Check all that apply)

- Eosinophilic granulomatosis **with** Polyangitis (EGPA)
- Hypereosinophilic Syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause

Dose: Adult Dose (Ages 12-adolescents, adults)

- Mepolizumab (Nucala) 300 mg (3 x 100mg injections),, subcutaneous, every 4 weeks, X 1 year
- Other: _____

Additional order(s) _____

PROVIDER:	DATE:	TIME:	SIGNATURE:
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