Clearwater: Phone: 727.977.9717 I Fax: 727.977.9717
Tampa: Phone: 813.775.9997 I Fax: 813.775.9997
Email: intake@sageinfusion.com I Online: www.sageinfusion.com

sage infusion

Nucala (mepolizumab) Injection Orders

Patient Name: DOB: ☐ Male ☐ Female

Diagnosis (please provide ICD10 code)

☐ NKDA Allergies:

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

HISTORY

Previous Drug Therapy History/Therapies Tried and Failed:

☐ Xolair ☐ Fasenra ☐ Cinqair Other: ___________

Date of last dose: _______________

REQUIRED LABS

☑ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

NUCALA ORDERS

DOSING:

☐ 100 mg OR ☐ 300mg

FREQUENCY:

☑ Subcutaneous injection every 4 weeks

Other: ______________________________________

REFILLS:

☐ ____________

(if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

____
Provider Name

______________________________________ ____________________
Provider Signature Date

Hypersensitivity reactions (e.g., anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash) have occurred after administration of Nucala. Discontinue Nucala in the event of a hypersensitivity reaction. Do not use to treat acute bronchospasm or status asthmaticus. Herpes zoster infections have occurred in patients receiving Nucala. Consider vaccination if medically appropriate. Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with Nucala. Decrease corticosteroids gradually, if appropriate.