

Nucala Injection Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Infusion Therapy:

Nucala (mepolizumab) 100 mg SQ

Frequency: every 4 weeks

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs, to include a BP, HR, temperature, and oxygen saturation pre-injection and obtain HR and BP post-injection PRN.
- Monitor patient for 30 minutes post-injection for signs and symptoms of reaction.

Physician Signature: _____
Print Physician Name: _____
Date: _____ (Order valid for 1 year)

Patient Name:
DOB:
MRN: