

# ALLERGY, ASTHMA & SINUS CENTER P.C.

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## **Disclosure and Consent for Administration of Nucala (mepolizumab)**

You have a right, as a patient, to be informed about your condition and the recommended treatments (including risks and benefits) to help you make informed decisions about your healthcare. If you have any questions about the information below, please ask Dr.\_\_\_\_\_. Also, please understand that you are not required to take mepolizumab. You may continue to receive care by this office, even if you decide against the mepolizumab therapy.

I understand that Nucala (mepolizumab) is a humanized interleukin-5 antagonist monoclonal antibody. It reduces severe asthma attacks (despite receiving their current asthma medicines) by reducing the levels of blood eosinophils which is a type of white blood cell that contributes to the development of asthma.

I understand that Nucala (mepolizumab) is used with other asthma medicines for the maintenance treatment of asthma in patients age 12 years and older.

I understand that Nucala is administered once every four weeks by subcutaneous injection by a health care professional into the upper arm, thigh, or abdomen.

I understand that there can be side effects. The most common side effects of Nucala include headache, injection site reactions (pain, redness, swelling, itching, or a burning feeling at the injection site), back pain, and weakness (fatigue). Hypersensitivity reactions can occur within hours or days of being treated with Nucala, including swelling of the face, mouth, and tongue; fainting, dizziness, or lightheadedness; hives; breathing problems and rash. Herpes zoster infections have occurred in patients receiving Nucala. Herpes zoster is the virus that causes shingles.

My signature below indicates that this form has been fully explained to me and I have had opportunities to ask questions. My questions have been answered and it is my wish to be treated with Nucala for severe asthma.

Patient \_\_\_\_\_

Patient/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_