



Nucala (Mepolizumab) Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Severe Uncontrolled Asthma with Eosinophilic Phenotype ICD 10 Code: J45.50
- Eosinophilic Phenotype with Polyangiitis ICD 10 Code: M30.1
- Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

Pulmonary Function Test (Asthma Only) Results _____

Blood Eosinophil Counts Results _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Nucala Medication Order

Patient Weight: _____ KG

Dosage – Subcutaneous Injection

- 40mg 100mg 300mg
- Other _____

Frequency

- Every 4 weeks
- Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____