Phone: 608-690-7210
Fax: 608-807-5179
www.MySmartInfusion.com

Location

☐ Eau Claire ☐ Weston
☐ Middleton ☐ Onalaska

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

☐ Nasal Polyps ICD 10 Code: J33.0

Required Tests

Blood Eosinophil Counts (within 3 months & attach results)

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

☒ Administer the following emergency medications per Smart Infusion Therapy Services protocol: ☒ Acetaminophen 650mg PO, ☒ Diphenhydramine 25mg-50mg PO or IV ☒ Ondansetron 4mg IV ☒ Sodium Chloride 0.9% 1000mL IV ☒ Methylprednisolone 125mg IV ☒ Albuterol Sulfate 2.5mg nebulized ☒ Oxygen 1-6LPM continuous flow ☒ Epinephrine 0.3mg/0.3mL IM ☐ Other: ____________	☒ Manage VAD per protocol: ☒ Start/Access and Discontinue PIV/CVC ☒ Flush with NS and/or Heparin per protocol based on line type ☒ Other: __________

Nucala Medication Order

Refill x12 months unless otherwise noted: ________

Patient Weight: __________ KG

Dosage – Subcutaneous Injection

☐ 100mg ☐ 300mg ☐ Other________

Frequency

☐ Every 4 weeks

☐ Other ____________________

Required Documents

☐ Patient Demographic Sheet
☐ H & P within the past 6 months
☐ Current Medication List
☐ Clinical & Progress Notes (including last infusion note)
☐ Copy of Insurance Card (Front/Back)

Provider Information

Provider Name: ______________________________ Provider NPI: ______________

Office Phone: ______________________ Office Fax: ______________________

Provider Signature: ______________________________ Date: ______________