



## 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)

### 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  
 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)

**Location**

Eau Claire     Weston     Middleton

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_