PREMIER INFUSION CENTER

📜 Nucala (mepolizumab) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____/____

🔹 Diagnosis (ICD-10 Selection)

☐ J45.50 – Severe persistent asthma, uncomplicated
☐ J45.51 – Severe persistent asthma with acute exacerbation
☐ J45.52 – Severe persistent asthma with status asthmaticus
☐ D72.119 – Hypereosinophilic syndrome, unspecified
☐ M30.1 – Polyarteritis with lung involvement (EGPA)
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

☐ 100 mg subcutaneous injection every 4 weeks
☐ 300 mg subcutaneous injection every 4 weeks (EGPA/HES dosing)
☐ Observation: ☐ 30 minutes post-injection
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ Laboratory Monitoring

☐ CBC with differential
☐ Blood eosinophil count
☐ Pulmonary function test
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

◆ Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of prior therapies or intolerance

◆ Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____