



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

NUCALA INJECTION ORDER

**Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to diagnosis, eosinophil level & current medications including high dose ICS.*

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD 10: _____

Nucala (mepolizumab)

100 mg subcutaneous Q 4 weeks

Exacerbation History 2 or more in prior 12 months: _____

Blood eosinophil level must be ≥ 150 cells/ml : _____

**** PER OUR PROTOCOL, ALL PATIENTS MUST HAVE EPINEPHRINE AUTO INJECTOR WITH THEM AT TIME OF INJECTION. PATIENT WILL BE MONITORED FOR 30 MINUTES**

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____