

Troy Infusion Center  
600 W Main Street  
Suite 120  
Troy, OH 45373  
Phone: 937-401-6620  
Fax: 937-401-6629



Washington Township Infusion Center  
1989 Miamisburg-Centerville Road  
Suite 101  
Dayton, OH, 45459  
Phone: 937-401-6620  
Fax: 937-401-6629

**Nucala® (Mepolizumab) Order Form**  
Epic Referral: REF115232

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Nucala (mepolizumab) subcutaneous injection**

- Patients will be observed for 30 minutes after their first 3 injections to ensure there is no anaphylactic or serious injection reaction

**Asthma and Nasal Polyp indications:**

Nucala 100 mg subcutaneous injection every 4 weeks

**Eosinophilic granulomatosis with polyangiitis and hypereosinophilic syndrome indications:**

Nucala 300 mg subcutaneous injection every 4 weeks

**Duration:**

6 months       1 year       Other \_\_\_\_\_

**Other Orders/Comments:** \_\_\_\_\_

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_