



# Mepolizumab (Nucala)

Provider Order Form rev. 10/12/2022

## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

## NURSING

- ☒ Provide nursing care per Nursing Procedures, including reaction management and post-procedure observation

## THERAPY ADMINISTRATION

- ☒ Mepolizumab (Nucala)
- Dose: ☐ 100mg / ☐ 300mg
  - Route: subcutaneous injection
  - Frequency: ☐ every 4 weeks / ☐ other: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

- ☐ Patient is required to stay for 30 minutes observation
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

Provider Name (Print)

Provider Signature

Date

### Please include the following information when submitting a referral for Nucala:

- \*List of current medications treating disease
- \*Labs showing elevated eosinophil count of 150 cells/uL or higher
- \*Clinicals showing number of asthma exacerbations in the last 12 months
- \*FEV1 test results
- \*Clinicals to support one or more of the following:
- \*Add-on maintenance treatment of adult and pediatric patients aged 6 years and older with severe asthma and with an eosinophilic phenotype
- \*Add-on maintenance treatment of adult patients 18 years and older with chronic rhinosinusitis with nasal polyps (CRSwNP)
- \*The treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA)
- \*The treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause