

Nucala Order Form (mepolizumab)

FAX TO: 817-472-7213

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg

Primary Language: _____ Allergies: _____

Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

D72.119 Hypereosinophilic Syndrome (HES), Unspecified
J33.8 Other Polyp of Sinus
J45.50 Severe Persistent Asthma, Uncomplicated
J45.51 Severe Persistent Asthma, w/Acute Exacerbation
J45.52 Severe Persistent Asthma, w/Status Asthmaticus
M30.1 Polyarteritis w/Lung Involvement (Churg-Strauss: EGPA)
Other: _____

Prescribing Information

Do not discontinue systemic or inhaled corticosteroids (ICS) abruptly upon initiation of therapy. Nucala should **NOT** be used to treat acute asthma symptoms or acute exacerbations.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

LAB RESULTS: Blood eosinophil level OR CBC with differential AND pulmonary function test prior to initiating therapy.

PRESCRIPTION*

NUCALA (mepolizumab)

Loading Dose (SELECT ONE)

SubQ: Inject 100 mg every 4 weeks for one year
SubQ: Inject 300 mg every 4 weeks for one year (EGPA & HES dosing)

Pediatric Dose (aged 6-11 years old)

SubQ: Inject 40 mg every 4 weeks for one year

Is the patient on any other disease modifying therapy? Yes No

If yes, please note therapy and last dose: _____

Post Treatment Observations: The patient is observed for 30 minutes following the first administration.

Adverse Events: In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reactions protocol.

Comments:

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____