

NUCALA (Mepolizumab) ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 3027 Javier Road Suite 2 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight:	Phone:
	KG LBS	

REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone:
	Fax:
Address:	

NUCALA ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency:

100mg injection once every 4 weeks
 300mg (3 separate 100mg injections) once every 4 weeks

Diagnosis:

J45.50—Severe persistent asthma, uncomplicated
 J45.51—Severe persistent asthma with (acute) exacerbation
 J45.52—Severe persistent asthma with status asthmaticus
 J82—Pulmonary eosinophilia, not elsewhere classified
 M30.1—Polyarteritis with lung involvement [Churg-Strauss]

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions:

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Please fax the following documents and records:

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| <ul style="list-style-type: none"> ● Patient Demographics ● Two most recent office notes (Supporting the DX and treatment ordered) ● Most recent labs that include values for: <ul style="list-style-type: none"> ● EOS within the last 3 months or prior to starting prednisone for new starts OR EOS before starting the drug for continuation of therapy ● If available, radioallergosorbent test (RAST) results | <ul style="list-style-type: none"> ● Copy of the patient's insurance card(s) – front and back ● Medication History ● For continuation of treatment, include the last infusion note |
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We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.