

### NUCALA (Mepolizumab) ORDER FORM

REFERRAL TYPE				
<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Restart	<input type="checkbox"/> Frequency Change	<input type="checkbox"/> 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"/> 161 Thomas Johnson Drive   Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW   Suite 300 Washington, DC 20006		
		<input type="checkbox"/> 8270 Willow Oaks Corporate Drive   Suite 150 Fairfax, VA 22031		
PATIENT INFORMATION				
Name:		DOB:	Email:	
Address:		Weight:	KG	LBS
				Phone:
REFERRING PHYSICIAN INFORMATION				
Name:			NPI:	
Office Contact Name:		Phone:	Fax:	
Address:				
NUCALA ORDER				
<b><i>WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY</i></b>				
<b>Dosing/Frequency:</b>				
<input type="checkbox"/> 100mg injection once every 4 weeks				
<input type="checkbox"/> 300mg (3 separate 100mg injections) once every 4 weeks				
<b>Diagnosis:</b>				
<input type="checkbox"/> J45.50—Severe persistent asthma, uncomplicated				
<input type="checkbox"/> J45.51—Severe persistent asthma with (acute) exacerbation				
<input type="checkbox"/> J45.52—Severe persistent asthma with status asthmaticus				
<input type="checkbox"/> J82—Pulmonary eosinophilia, not elsewhere classified				
<input type="checkbox"/> M30.1—Polyarteritis with lung involvement [Churg-Strauss]				
<input type="checkbox"/> Other Diagnosis:			ICD-10 Code (Required):	
Special Instructions:				
Physicians Signature:		Date: <span style="float: right;"><i>(Order is Valid for One Year)</i></span>		
REQUIRED DOCUMENTATION				
<b>Please fax the following documents and records:</b>				
<ul style="list-style-type: none"> <li>● Patient Demographics</li> <li>● Two most recent office notes (Supporting the DX and treatment ordered)</li> <li>● Most recent labs that include values for:               <ul style="list-style-type: none"> <li>● EOS within the last 3 months or prior to starting prednisone for new starts OR EOS before starting the drug for continuation of therapy</li> <li>● If available, radioallergosorbent test (RAST) results</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>● Copy of the patient's insurance card(s) – front and back</li> <li>● Medication History</li> <li>● For continuation of treatment, include the last infusion note</li> </ul>		
<b><i>We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.</i></b>				