

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"/> 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:	Male	Female	Email:
Address:	Weight:	KG	LBS	Phone:

REFERRING PHYSICIAN INFORMATION

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

NUCALA ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY

Dosing/Frequency: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE)

- 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:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - EOS ≥ 150 cell/mcL 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
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.