immersiv HEALTH

# NUCALA® ORDER FORM

**FAX TO: 855.694.4656**

## PATIENT INFORMATION

**PATIENT NAME:** _____ **PHONE:** _____

**DATE OF BIRTH:** _____ **SEX:** ☐ M ☐ F **HEIGHT:** _____ **WEIGHT:** _____ ☐ LBS ☐ KG

**ALLERGIES:** _____ **PREFERRED CLINIC:** _____

**REFERRAL STATUS:** ☐ NEW REFERRAL ☐ ORDER CHANGE ☐ ORDER RENEWAL

## DIAGNOSIS & CLINICAL DOCUMENTATION

***PLEASE COMPLETE ICD-10 FOR SPECIFIC DIAGNOSIS**

☐ D72. ___ Hypereosinophilic Syndrome – HES

☐ J33. ___ Nasal Polyps

☐ J45. ___ Persistent Asthma

☐ J82.83 Eosinophilic Asthma

☐ M30.1 Polyarteritis with lung involvement (EGPA / Churg-Strauss)

☐ ICD-10 CODE: _____ DESCRIPTION: _____

## REQUIRED DOCUMENTATION

☐ Insurance Information

☐ List of Medications

☐ Tried & Failed Therapies

☐ Most Recent History & Physical

☐ Pulmonary Function Tests to support diagnosis

☐ Eosinophil Levels

## MEDICATION ORDER

***Please complete dose when selecting frequency**

☐ Nucala®(mepolizumab) 100mg via subcutaneous injection every 4 weeks (Asthma & Nasal Polyps dosing)

☐ Nucala® (mepolizumab) 300mg via subcutaneous injection every 4 weeks (EGPA & HES dosing)

☐ Nucala® (mepolizumab) 40mg via subcutaneous injection every 4 weeks (age 6 to 11 dosing)

☑ REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE: _____

**Provider Attestation of need for HCP administration**

_____ INITIALS Patient has experienced severe hypersensitivity reactions to Nucala within the past 6 months and requires administration and direct monitoring by a healthcare professional.

_____ INITIALS Patient or caregiver are not competent or are physically unable to administer the Nucala formulation labeled for self-administration.

_____ INITIALS Patient has history of uncontrolled disease and in the clinical opinion of the ordering provider, it is not advisable to try the self-administered formulation of Nucala.

_____ INITIALS The circumstances and location for self-administration are not adequate for the potential treatment of anaphylaxis.

_____ INITIALS Patient's weight is such that in the clinical opinion of the ordering provider, it is not advisable to try the self-administered formulation of Nucala.

Patient to be observed for 30 minutes following the first injection and then for 15 minutes following each subsequent injection.
In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

## PRESCRIBER INFORMATION

**PROVIDER NAME:** _____ **NPI #:** _____

**EMAIL:** _____ **PHONE:** _____ **FAX:** _____

**ADDRESS (INCLUDE CITY, STATE, ZIP):** _____

**SUPERVISING PHYSICIAN:** _____ **CONTACT NAME:** _____
**(IF APPLICABLE)**

**SIGNATURE:** _____ **DATE:** _____
**(NO STAMPS)**

SUBSTITUTION PERMITTED | DISPENSE AS WRITTEN