

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 (Pre-treatment baseline count \geq to 400 cells/mcL) (Absolute Eosinophil in K/mcL $\times 1000 =$ cells/mcL)

PRESCRIPTION

Nucala (mepolizumab)

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

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

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

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____
Date: _____ NPI #: _____ Specialty: _____
Supervising Physician: _____ (If Applicable)
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Fax: _____ Email: _____