

# Nucala® (mepolizumab) Referral Form



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## PATIENT INFORMATION

### Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:	Patient Email:		
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per BioHealth protocols.

## LABORATORY ORDERS

- CBC at each dose every \_\_\_\_\_
- CMP at each dose every \_\_\_\_\_
- CRP at each dose every \_\_\_\_\_
- OTHER \_\_\_\_\_

## PREMEDICATIONS

- acetaminophen (Tylenol) 500mg 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg 50mg PO IV
- methylprednisolone (Solu-Medrol) 40mg 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

## NUCALA THERAPY ADMINISTRATION

100 mg subcutaneously every 4 weeks

300 mg as 3 separate 100-mg injections subcutaneously every 4 weeks

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Absolute Eosinophil Count (> 300 in prior 12mos or > 150 in prior 6 weeks)

Anti-neutrophil cytoplasmic antibody positive within 6 months  
(Required for Eosinophilic Granulomatosis with Polyangiitis)

Notes of patient receiving nasal corticosteroid ≥8 weeks (required for CRWNP)

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)

Provider Signature

Date

Have a Question? (786)460-6044  
Fax Referral Form To: (786)219-3917  
8684 SUNSET DRIVE MIAMI FL 33143