

# Mepolizumab (NUCALA)

**PROVIDERS: Please include the following information to expedite the order:**  
Patient demographics, insurance information, most recent visit notes, and applicable labs

## PATIENT INFORMATION

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 (Required): \_\_\_\_\_ Description: \_\_\_\_\_  
Allergies: \_\_\_\_\_  NKDA Weight: \_\_\_\_\_  lb  kg  
Patient Status:  New to Therapy  Continuation of Therapy  
Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## REFERRAL STATUS New Referral Updated Order Order Renewal

## PROVIDER INFORMATION

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

## NURSING

- Utilize hypersensitivity protocol established by Redeemer Health Infusion Therapy Center
- Provide nursing care and observation according to Redeemer Health Infusion Therapy Center policies and procedures

## THERAPY ADMINISTRATION

- Mepolizumab (NUCALA) subcutaneous injection

### Dose and frequency:

- 100 mg subcutaneously every 4 weeks
- 300 mg subcutaneously every 4 weeks
- Other: \_\_\_\_\_

Refills:  No Refills  12 months  \_\_\_\_\_

## SPECIAL INSTRUCTIONS

Redeemer Health Infusion Therapy Center will conduct peer-to-peer review(s) on behalf of the prescribing provider for any insurance denials. If you DO NOT AUTHORIZE Redeemer Health Infusion Therapy Center to do this on your behalf, check this box.

Provider Name (Print): \_\_\_\_\_ Provider Signature (No Stamps): \_\_\_\_\_ Date: \_\_\_\_\_