Mepolizumab (Nucala)

MIC | METRO INFUSION CENTER

REFERRAL STATUS: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Infusion Office Preference: _____

PATIENT INFORMATION			
Date:	Patient Name:		DOB:
☐ NKDA Allergies:		Weight (lbs / kg):	Height:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy - Last Treatment Date:			Next Due Date:

PROVIDER INFORMATION			
Office Contact Name:	Office Email:		
Prescribing Providers Name:	Provider NPI:		
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		

DIAGNOSIS AND ICD 10 CODE	
SEVERE ASTHMA ☐ J45.50 Severe persistent asthma, uncomplicated ☐ J45.51 Severe persistent asthma with (acute) exacerbation ☐ J82.83 Eosinophilic asthma	**NASAL POLYPS** ☐ J33.0 Polyp of the nasal cavity ☐ J33.1 Polypoid sinus degeneration ☐ J33.8 Other polyp of the sinus ☐ J33. 9 Nasal polyps, unspecified
EOSINOPHILIC GRANULOMATOSIS with POLYANGITIS (EGPA) ☐ M30.1 Polyarteritis with lung involvement [Churg-Strauss]	**HYPEREOSINOPHILICSYNDROME** ☐ D72.110 Idiopathic hypereosinophilic syndrome [IHES] ☐ D72.111 Lymphocytic variant hypereosinophilic syndrome [LES] ☐ D72.119 hypereosinophilic syndrome, unspecified [HES]
OTHER ☐ _____	ICD 10 Code:
Date of Diagnosis: Eosinophil levels:	cells/mcl: Test date:

REQUIRED DOCUMENTATION/Testing	
☐ This signed order form by the provider ☐ Patient demographics AND insurance info ☐ Clinical/Progress notes supporting primary dx	☐ Pulmonary Function Tests (if asthma) ☐ Labs and Tests supporting primary diagnosis, including blood eosinophil counts
List Tried & Failed Therapies 1)	2)

MEDICATION ORDERS

☐ 40 mg SQ every 4 weeks
☐ 100 mg SQ every 4 weeks
☐ 300 mg SQ every 4 weeks
☐ _____ mg SQ every ____ weeks

Refills*: ☐ None ☐ X6 months ☐ X1 year ☐ Other: _____
**(if not indicated order will expire one year from date signed)*

Provider Name (Print) **Physician Signature:** **Date:**

Fax referral to 866-507-1164 or email to MICreferral@metroinfusioncenter.com

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Revised 12/13/23