



CONFIDENTIAL Property of Palmetto Infusion Services / CONFIDENTIAL Property of Palmetto Infusion Services / CONFIDENTIAL Property of Palmetto Infusion Services

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

**Phone: 1-800-809-1265 Fax: 1-866-872-8920**

## STANDARD Nucala® (mepolizumab) PLAN OF TREATMENT for Nasal Polyps

**NOTE:** Patient *may be ineligible* to receive Nucala® (mepolizumab) if patient has signs/symptoms of parasitic infection, is currently being treated for a parasitic infection, or is having acute bronchospasm and/or asthma attack.

**1. Patient Name:** \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

**2. Allergies:** \_\_\_\_\_

### 3. Diagnosis:

J33.8 Chronic Rhinosinusitis with Nasal Polyps

Other ICD-10 Code/description: \_\_\_\_\_

*CONFIDENTIAL Property of Palmetto Infusion / CONFIDENTIAL Property of Palmetto Infusion / CONFIDENTIAL Property of Palmetto Infusion*

### Dose/Frequency:

Nucala® (mepolizumab) 100 mg every four (4) weeks via subcutaneous injection  
*(Administer as subcutaneous injection only to upper arm, thigh, or abdomen)*

**Extended post treatment monitoring for any patient new to therapy: monitor patient for one (1) hour after first injection, for 30- minutes after second injection, and then 15-minutes after each injection thereafter.**

**Special Orders:** \_\_\_\_\_

***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES***

**4. Physician's Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: \_\_\_\_\_ NPI: \_\_\_\_\_

**5. Fax updated supporting clinical MD notes with each order renewal or change in orders**  
*Infusion order forms and Adverse Drug Reaction Guidelines are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com)*



MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

**Phone: 1-800-809-1265 Fax: 1-866-872-8920**

## Guidelines for Prescribing Nucala® (mepolizumab) for Nasal Polyps

(Required documentation with all initial referrals)

Patient Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

- Include signed and completed **Plan of Treatment**. (MD must complete sections 1-5)  
(Infusion order forms & Standard Adverse Reactions orders are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com) under Agency/MD tab)
- Include patient demographic information and insurance information. (Copy of insurance cards if available)
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy. Include any documented use of inadequate response to nasal corticosteroids. NUCALA is indicated for the add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients 18 years of age and older with inadequate response to nasal corticosteroids.**
- Baseline IgE level between 30-1500 IU/mL
- Other as requested: \_\_\_\_\_

**\*\* Warnings/Precautions: Hypersensitivity reactions:** (e.g., anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash) have occurred after administration of NUCALA®. Discontinue NUCALA® in the event of a hypersensitivity reaction. Do not use to treat acute bronchospasm or status asthmaticus. The most common adverse reactions (incidence ≥5%) include headache, injection site reaction, back pain, and fatigue. **Herpes zoster infections:** have occurred in patients receiving NUCALA®. Consider vaccination if medically appropriate. **Helminth Infections:** Treat patients with pre-existing parasitic infections before therapy. If patients become infected while receiving treatment with NUCALA® and do not respond to anti-helminth treatment, then discontinue NUCALA® until parasitic infection resolves. **Corticosteroids:** Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy. Decrease corticosteroids gradually, if appropriate. **Pregnancy/Breastfeeding:** Discuss Pregnancy or breastfeeding plans/risks prior to start of therapy. See full prescribing information.

**Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.**

**Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.**