Beacon Infusion
Healthcare Services

*Headquarters Location:*
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# NUCALA MEDICATION ORDER

**Patient's Name** (Last, First, Middle) _____ **DOB:** _____

## ■ Diagnoses

- ☐ D72.110 Idiopathic hypereosinophilic syndrome
- ☐ D72.111 Lymphocytic Variant Hypereosinophilic Syndrome
- ☐ J45.50 Severe persistent asthma, uncomplicated
- ☐ J82.82 Acute eosinophilic pneumonia
- ☐ J82.89 Other pulmonary eosinophilia NOC
- ☐ J33.0 Nasal cavity polyp
- ☐ J33.1 Polypoid sinus degeneration
- ☐ J82.81 Eosinophilic pneumonia, NOS
- ☐ J82.83 Eosinophilic asthma
- ☐ M30.1 Polyarteritis with lung inv. [Churg-Strauss

## ■ Details Needed for Authorization

- For severe persistent asthma: Is there evidence of reversibility (ie. not a restrictive or chronic lung disease)? _____
- For severe persistent asthma: Is the patient symptomatic despite regular use of medium-to-high inhaled steroid and an additional controller (ie. long acting beta agonist)? _____
- For severe persistent asthma: Did the patient have 2 or more exacerbations in the past year requiring oral steroids? _____
- For severe persistent asthma: Was there an elevated peripheral blood eosinophil level of ≥150 cells/μL at baseline (within 6 weeks of initial dosing) or an elevated peripheral blood eosinophil level of ≥300 cells/μL in the prior 12 months? _____
- For severe persistent asthma: Is pt. currently being treated with omalizumab or other parenteral IL-5 antagonist? _____

- For EGPA: Is there a blood eosinophil level of > 10% or an absolute eosinophil count of >1000 cells/mm3? _____
- For EGPA: What criteria typical of EGPA are present? _____
- For EGPA: Is the patient on stable doses of concomitant oral corticosteroid therapy for at least 4 weeks? _____
- For EGPA: What is the patient's baseline Birmingham Vasculitis Activity Score (BVAS) (with details attached)? _____

- For HES: Is there a diagnosis of hypereosinophilic syndrome (HES) ≥ 6 months without identifiable non-hematologic secondary cause? _____
- For HES: How many HES flares within the past 12 months? _____
- For HES: Is there a blood eosinophil count of >1000 cells/mcL? _____
- For HES: Is patient stable on HES therapy for at least 4 weeks? _____

- For add-on therapy for CRSwNP: Was diagnosis confirmed with anterior rhinoscopy, or endoscopy, or sinus CT? _____
- For add-on therapy for CRSwNP: Did patient have inadequate response to sinonasal surgery, or is the patient not a candidate for sinonasal surgery? _____
- For add-on therapy for CRSwNP: Has the patient tried and had an inadequate response to oral systemic corticosteroids, or has an intolerance, hypersensitivity, or contraindication to therapy with oral systemic corticosteroids? _____
- For add-on therapy for CRSwNP: Has the patient tried and had an inadequate response to intranasal corticosteroids used for at least a 3-month trial or has an intolerance or hypersensitivity or contraindication to therapy with intranasal corticosteroids? _____
- For add-on therapy for CRSwNP: Is patient currently treated with standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids) and will continue in combination with the requested agent after starting Nucala? _____

***Continued on the next page …***

For all patients:

- Does the patient have a history of anaphylaxis? _____
- Is the patient unwilling or unable to self-administer injected medication? _____
- Chart notes with supporting documentation, including but not limited to complete respiratory history, forced expiratory volume tests, history of episodes, steroid use, rescue meds use and hospitalizations in the past year.
- Patient's height in feet/inches: _____
- Patient's weight in pounds: _____

## ■ Nucala (mepolizumab) Medication Order

☐ 100mg Nucala administered SubQ once every 4 weeks for ___ months
☐ 300mg Nucala administered SubQ, as 3 separate 100mg injections, once every 4 weeks for ___ months
*Administered as per manufacturer instructions*

## ■ Rescue Management in case of Reaction

*These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.*

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

## ■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

## STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- Supporting documentation for all questions answered on the first page of this order form.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

**Fax this order and supporting documentation to (732) 329-2322.**