Sarah Bush Lincoln

NOTE: PLEASE COMPLETE ELECTRONIC VERSION, PRINT AND FAX .... Handwritten forms will not be accepted.

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location* ☐ Mattoon ☐ Effingham

*Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.

Diagnosis and ICD 10 CODE

☐ Severe Uncontrolled Asthma with Eosinophilic Phenotype ICD 10 Code: J45.50

→ Does the patient have current blood eosinophil counts ≥ 150 cells/μL? ☐ YES ☐ NO

☐ Eosinophilic Granulomatosis with Polyangitis (EGPA) ICD 10 Code: M30.1

→ Has the patient relapsed or been refractory to standard of care therapy, including oral steroids? ☐ YES ☐ NO

☐ Diagnosis: _____ ICD 10 Code: _____

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REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)

☐ This signed order form by the provider ☐ Patient demographics AND insurance information ☐ Pulmonary Function Tests (if asthma) *Patient may be required to submit a pregnancy test prior to treatment	☐ Clinical/Progress notes supporting primary diagnosis (must be within 1 year) ☐ Labs and Tests supporting primary diagnosis, including blood eosinophil counts (must be within 1 year)

List Tried & Failed Therapies, including duration of treatment:

1)
2)
3)

MEDICATION ORDERS

Dosing Wt for Calculations Ht: Wt: BMI:

Dosing for Severe Asthma with Eosinophilic Phenotype	☐ J2182 Nucala 100mg subQ every 4 weeks
Dosing for EGPA	☐ J2182 Nucala 300mg subQ every 4 weeks

Duration ☐ **X 6 months** ☐ **X 1 year** _____ **doses**

ADDITIONAL ORDERS / INFORMATION

PRESCRIBER INFORMATION

Prescriber name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date: Time:

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

Contact us with questions at:
Fax Completed Form and all documentation to:

☐ MATTOON
1000 Health Center Dr. Suite 204 Mattoon, IL 61938
Ph. 217-258-4150 Fax 217-348-2579

☐ EFFINGHAM
901 Medical Park Dr. Suite 201 Effingham, IL 62401
Ph. 217-342-7500 Fax 217-342-7499

MEDICATION ORDERS - NUCALA (MEPOLIZUMAB)

Clinic Scan to: Physician Orders