Nucala® (mepolizumab) Referral Form

Preferred Clinic (select one): _____

VIVO infusion®

PATIENT INFORMATION

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

Last Injection Date: Last 4 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Physician Preferred Method of Contact: ☐ Email: ☐ Fax: ☐ Phone:

STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

DIAGNOSIS/ICD-10 CODE

☐ J45.50 Severe persistent asthma, uncomplicated
☐ J45.51 Severe persistent asthma with (acute) exacerbation

☐ J82.83 Eosinophilic asthma
☐ J33.9 Nasal polyps, chronic rhinosinusitis with multiple nasal polyps

☐ M30.1 Polyarteritis with lung involvement [Churg-Strauss]

☐ D72.110 Idiopathic hypereosinophilic syndrome [IHES]
☐ D72.111 Lymphocy c variant hypereosinophilic syndrome [LHES]
☐ D72.119 hypereosinophilic syndrome, unspecified [HES]

☐ Chronic Obstructive Pulmonary Disease (COPD) ICD-10 Code _____

☐ Other (with ICD-10 code): _____

NUCALA ADMINISTRATION

☐ 100 mg subcutaneously every 4 weeks

☐ 300 mg as 3 separate 100-mg injections subcutaneously every 4 weeks

REQUIRED DOCUMENTATION

☐ **Patient Demographics**
☐ **Insurance Card/Information**
☐ **Progress Notes Supporting DX**
☐ **Current Medication List and H&P**
☐ **Absolute Eosinophil Count** (> 300 in prior 12mos or > 150 in prior 6 weeks)
☐ **Anti-neutrophil cytoplasmic antibody positive within 6 months** (Required for Eosinophilic Granulomatosis with Polyangiitis)
☐ **Notes of patient receiving nasal corticosteroid ≥8 weeks** (required for CRwNP)

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

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679
Connecticut: 203-724-4838
Florida: 904-930-4211
Massachusetts: 781-202-1629
Michigan: 833-957-2188
Minnesota: 763-290-0903
New Jersey: 609-955-3711
New York: 800-540-1852
Ohio: 216-400-0674
Oklahoma: 918-770-4421
Pennsylvania: 215-399-9244
Texas: 469-340-0044
Virginia: 804-500-5941
Wisconsin: 414-600-5383

Referral is valid for one year unless otherwise noted.

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