SERVICES REQUEST FORM

Phone: **1-844-468-2252** Fax: **1-844-237-3172**
Hours of Operation: Monday through Friday, 8AM to 8PM ET

Gateway to **Nucala** **(mepolizumab)**

IMPORTANT: This Services Request Form cannot be fully processed without both the patient and provider signing and dating this form.

Gateway to NUCALA offers the following services to patients and healthcare providers (HCPs) as described below.

- **Benefits Investigation & Prior Authorization (PA) Research:** Gateway to NUCALA investigates the patient's medical and prescription benefits as well as coverage rules for the patient's insurance plan, including PA or predetermination criteria.
  IMPORTANT: Gateway to NUCALA may not submit PA requests to a Payer.
- **Specialty Pharmacy (SP) Triage:** Gateway to NUCALA will send the prescription referral to a specialty pharmacy that is in the patient's network. SP selection varies based on third-party payer requirements and patient cost-share. Patient and provider preferences will be considered where possible. If the patient has applied, and is subsequently approved, for co-pay assistance, Gateway to NUCALA also sends the patient's co-pay information to the SP.
- **Co-Pay Program:** If a commercially insured patient requests it, Gateway to NUCALA researches the patient's eligibility for the Co-pay Program for NUCALA.
- **Patient Assistance Program (PAP) for Uninsured Patients:** Uninsured patients may be eligible to receive NUCALA free of charge. If an uninsured patient requests it, Gateway to NUCALA researches the patient's eligibility for PAP. Patients must also fill out the PAP Applicants Only section on the last page of this form.
- **Prior Authorization Tracking Assistance:** Gateway to NUCALA tracks the status of a PA once submitted, and if applicable, researches reasons that the PA was denied.
- **Claims & Appeals Tracking Assistance:** Gateway to NUCALA provides details on next steps required for an appeal and tracks an appeal once submitted by the provider.

PROVIDER AND/OR PATIENT TO FILL OUT THE FOLLOWING SECTIONS:

SERVICES REQUESTED: Check the appropriate boxes at the top of this form to request that Gateway to NUCALA perform the services requested. Once services are completed, Gateway to NUCALA will call the patient and provider to review the results. A written summary of the results will also be mailed to the patient and faxed to the provider.

INSURANCE INFORMATION: NUCALA may be covered under the medical or pharmacy benefit. Include legible copies (front and back) of the patient's medical and pharmacy insurance card(s). Include primary, secondary, Medicare/Medicaid (if eligible), and pharmacy benefit insurance information to ensure that ALL potential coverage options can be explored.

PRESCRIBER, ACQUISITION, AND ADMINISTRATION INFORMATION: Please indicate here how NUCALA will be acquired.

- **Buy and Bill:** If the provider will purchase NUCALA directly for administration in his/her office, choose this option. As described above, Gateway to NUCALA will investigate the patient's benefits and research Prior Authorization (PA) requirements.
- **Specialty Pharmacy:** If the product will be ordered through a specialty pharmacy for administration in the provider's office, please choose this option. If requesting that the prescription referral be triaged to a specialty pharmacy, check the Specialty Pharmacy Triage service at the top of the form. Additionally, the provider will need to complete two additional sections: 1) Prescription Referral Information, and 2) Diagnosis and Clinical Information.
  IMPORTANT: Once Gateway to NUCALA has triaged the referral, the patient and provider should contact the specialty pharmacy directly to inquire about the status of the prescription referral and to coordinate any PA requirements and shipping. It is important for the patient and provider to promptly return calls from the SP to minimize delays in processing the prescription.
- **Hospital Outpatient Department (HOPD)/Alternative Site of Care (ASOC):** If the patient will be receiving the injection at a location other than the provider's office, please choose this option and fill out the Administering Site information included in the Prescriber, Acquisition, and Administration Information section.
- **Undecided:** Select this option if it is not yet determined how NUCALA will be acquired. Gateway to NUCALA will investigate the patient's benefits and research PA requirements.

DIAGNOSIS AND CLINICAL INFORMATION and **PRESCRIPTION REFERRAL INFORMATION:** These two sections should be completed by the provider if Gateway will be triaging the referral to a specialty pharmacy. Otherwise, please leave blank.

BRIDGE TO NUCALA PROGRAM: When requested on behalf of a commercially insured patient, Gateway to NUCALA will research the patient's eligibility for the program. Diagnosis and Clinical Information section should be completed if the patient is being assessed for eligibility.

PATIENT OR PATIENT'S LEGAL GUARDIAN TO FILL OUT THE FOLLOWING SECTIONS:

PATIENT INFORMATION: Please fill out this section completely, including your email address and a phone number where Gateway to NUCALA may call you to review the results of the benefits investigation.

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION: This allows Gateway to NUCALA to receive your information in order to provide services. Before signing, please review, understand, and agree to the terms of the authorization and release.

PATIENT ASSISTANCE PROGRAM (PAP) APPLICANTS - for uninsured patients only: Uninsured patients who would like Gateway to NUCALA to research their eligibility for PAP should fill out the PAP Applicants Only section. Otherwise, please leave blank.

OPTIONAL EDUCATIONAL SUPPORT FOR PATIENTS: Additional resources are available to support patients on their treatment journey with NUCALA. Patients should express interest by checking the box and providing an email address where they may receive information.

NUCALA (mepolizumab)

Indication

NUCALA is indicated for the add-on maintenance treatment of patients 12 years and older with severe asthma with an eosinophilic phenotype. NUCALA is not indicated for the relief of acute bronchospasm or status asthmaticus.

Important Safety Information

CONTRAINDICATIONS

NUCALA should not be administered to patients with a history of hypersensitivity to mepolizumab or excipients in the formulation.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (eg, anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash) have occurred with NUCALA. These reactions generally occur within hours of administration but can have a delayed onset (ie, days). If a hypersensitivity reaction occurs, discontinue NUCALA.

Acute Asthma Symptoms or Deteriorating Disease

NUCALA should not be used to treat acute asthma symptoms, acute exacerbations, or acute bronchospasm.

Opportunistic Infections: Herpes Zoster

In controlled clinical trials, 2 serious adverse reactions of herpes zoster occurred with NUCALA compared to none with placebo. Consider vaccination if medically appropriate.

Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with NUCALA. Decreases in corticosteroid doses, if appropriate, should be gradual and under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

Treat patients with pre-existing helminth infections before initiating therapy with NUCALA. If patients become infected while receiving NUCALA and do not respond to anti-helminth treatment, discontinue NUCALA until infection resolves.

ADVERSE REACTIONS

The most common adverse reactions (≥3% and more common than placebo) reported in the first 24 weeks of 2 clinical trials with NUCALA (and placebo) were: headache, 19% (18%); injection site reaction, 8% (3%); back pain, 5% (4%); fatigue, 5% (4%); influenza, 3% (2%); urinary tract infection, 3% (2%); abdominal pain upper, 3% (2%); pruritus, 3% (2%); eczema, 3% (<1%); and muscle spasms, 3% (<1%).

Systemic Reactions, including Hypersensitivity Reactions: In 3 clinical trials, the percentages of subjects who experienced systemic (allergic and nonallergic) reactions were 3% for NUCALA and 5% for placebo. Manifestations included rash, flushing, pruritus, headache, and myalgia. A majority of the systemic reactions were experienced on the day of dosing.

Injection site reactions (eg, pain, erythema, swelling, itching, burning sensation) occurred in subjects treated with NUCALA.

USE IN SPECIFIC POPULATIONS

A pregnancy exposure registry monitors pregnancy outcomes in women exposed to NUCALA during pregnancy. To enroll call 1-877-311-8972 or visit www.mothertobaby.org/asthma.

The data on pregnancy exposures are insufficient to inform on drug-associated risk. Monoclonal antibodies, such as mepolizumab, are transported across the placenta in a linear fashion as the pregnancy progresses; therefore, potential effects on a fetus are likely to be greater during the second and third trimesters.

Reset Form

SERVICES REQUEST FORM

Please complete and sign form, and fax to 1-844-237-3172

Gateway to Nucala (mepolizumab)

SERVICES REQUESTED - CHECK ALL THAT APPLY

☐ Benefits Investigation & Prior Authorization Research
☐ Specialty Pharmacy (SP) Triage
☐ Prior Authorization Tracking Assistance
☐ Patient Assistance Program (PAP) for Uninsured Patients
☐ Co-pay Program
☐ Claims & Appeals Tracking Assistance

PATIENT INFORMATION

Last name: First name:
Date of birth: Gender: ☐ Female ☐ Male
Street: City: State: ZIP:
Home phone: Alternate contact name:
Work/cell phone: Alternate contact phone:
Email: Relationship to patient:

INSURANCE INFORMATION - Have you provided copies of all insurance cards? ☐ Medical Cards ☐ Prescription Card

PRIMARY insurance:	SECONDARY insurance:	Rx Card (PBM):	Policyholder first name:
☐ Private Commercial	☐ Private Commercial	ID #:	Policyholder last name:
☐ Medicare/Medicaid	☐ Medicare/Medicaid	BIN #:	Policyholder date of birth:
Phone:	Phone:	PCN #:	Employer:
Policy ID #:	Policy ID #:	Group #:	Relationship to patient:
Group #:	Group #:	Phone:	

PRESCRIBER, ACQUISITION, AND ADMINISTRATION INFORMATION

Prescriber's last name: Prescriber's first name:
Practice name: Specialty:
Street: City: State: ZIP:
Office contact name: Phone: Fax:
Prescriber Tax ID: Prescriber DEA #:
Prescriber State License #: Prescriber NPI #: Group NPI #:
How will NUCALA be acquired? ☐ Buy and Bill ☐ Specialty Pharmacy ☐ HOPD/Alternative Site of Care (ASOC) ☐ Undecided
If Specialty Pharmacy selected, has the prescription already been forwarded to a Specialty Pharmacy? ☐ No ☐ Yes – which one?
Place of Administration: ☐ Prescriber's Office ☐ HOPD ☐ Alternative Site of Care (ASOC)
If NUCALA will be administered in a HOPD or ASOC, please complete the following:
Administering practice/physician name:
Administering office contact: Phone: Fax:
Administering site Tax ID: Administering site NPI #:

DIAGNOSIS AND CLINICAL INFORMATION

Patient diagnosis and ICD10 code: Date of diagnosis:
Eosinophil levels: _____ cells/µL Test date: _____ Allergies: Comorbidities:
Exacerbations - Date(s): Unscheduled Office Visits - Date(s): ED Visits/Hospitalizations - Date(s):

Other asthma therapies:

Inhaled corticosteroids (without LABA)	☐ Current	☐ Past	Combination therapy (ICS/LABA)	☐ Current	☐ Past
Oral and/or injectable steroids	☐ Current	☐ Past	Other controller (specify):	☐ Current	☐ Past

PRESCRIPTION REFERRAL INFORMATION

☐ New ☐ Restart ☐ Continuing Last treatment date: Next treatment date/Date needed by:

Specialty Pharmacy selection is subject to health plan requirements.

Specialty Pharmacy requested: **Specialty pharmacy ship to:** ☐ **Prescribing physician's office** ☐ **HOPD** ☐ **ASOC**

MEDICATION	STRENGTH/FORM	QTY	DIRECTIONS FOR ADMINISTRATION BY HCP	REFILLS
NUCALA (mepolizumab)	☐ 100 mg vial		☐ 100 mg subcutaneously to upper arm, thigh, or abdomen every 4 weeks	

☐ 2-mL or 3-mL syringes with 21-G needle (to mix) ☐ Sterile water for injection, USP
☐ 21-G to 27-G x 0.5-inch needle (to inject)

BRIDGE TO NUCALA PROGRAM

MEDICATION	STRENGTH/FORM	QTY	DIRECTIONS FOR ADMINISTRATION BY HCP	REFILLS
NUCALA (mepolizumab)	☐ 100 mg vial	1	☐ 100 mg subcutaneously to upper arm, thigh, or abdomen every 4 weeks	1

Bridge to NUCALA provides free product for eligible commercially insured patients when the PA request has been pending with the payer for more than 14 days and when other program eligibility criteria have been satisfied. Providers may not seek reimbursement for any free product provided under this program and they acknowledge that the program does not include payment for administration fees.

PRESCRIBER DECLARATION

I certify that the information provided above is true and that NUCALA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance or other out-of-pocket cost for NUCALA would be collected from the patient upon treatment. I appoint the Gateway to NUCALA, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law.

Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. [NY] prescribers may need to submit an electronic prescription to the specialty pharmacy.

PRESCRIBER SIGNATURE REQUIRED

SUBSTITUTION PERMITTED **(Date)** **DISPENSE AS WRITTEN** **(Date)**

Please see complete Important Safety Information for NUCALA on Page ii.
Please see full Prescribing Information, including Patient Information Leaflet, for NUCALA.

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION

I understand that the collection, use, and disclosure of my health information are protected under law. By signing below, I agree to allow my doctors, pharmacies, including my specialty pharmacy(ies), and health insurers (collectively "Healthcare Providers"), to use and disclose to GlaxoSmithKline and its agents and authorized representatives and any other companies that GlaxoSmithKline uses (collectively "GSK") to provide the Gateway to NUCALA the selected services related to my prescribed medication and medical condition for the purposes described below.

I understand that my Healthcare Providers will not and may not condition my treatment, payment for treatment, eligibility for or enrollment in benefits on whether I sign this Patient Authorization and Release.

I understand that certain Healthcare Providers, such as specialty pharmacies, may receive payment from GSK for disclosing my information to GSK for the purposes described in this authorization.

I understand that once information about me is released to GSK based on this authorization, federal privacy laws may no longer protect my information and may not prevent GSK from further disclosing my information. However, I understand that GSK has agreed to use or disclose information received only for the purposes described in this authorization or as required by law.

I understand that this authorization will remain in effect for two (2) years after I sign it or for as long as I participate in the Co-pay or Patient Assistance Program, whichever is longer. I also understand that I have the right to revoke this authorization at any time by mailing a signed written statement of my revocation to PO Box 222173, Charlotte, NC 28222-2173, but that such a revocation would end my eligibility to participate in the programs as described. Revoking this authorization will prohibit further disclosures by my Healthcare Providers based on this authorization after the date written revocation is received, but will not apply to the extent that they have already taken action in reliance on this authorization.

After this authorization is revoked I understand that information provided to GSK prior to the revocation may be disclosed among GSK and the company or companies that help GSK administer the programs in order to maintain records of my participation, but it will not be otherwise disclosed or used.

(continued on next page)

SERVICES REQUEST FORM

Complete and sign this form. For assistance with any questions, please call Gateway to NUCALA at 1-844-468-2252 Monday through Friday, 8AM to 8PM ET

Gateway to Nucala (mepolizumab)

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION *(continued)*

Enrollment in Gateway to NUCALA (for reimbursement support and patient assistance):

The patient, or the patient's authorized representative, MUST sign this form in order to receive reimbursement support and assistance from the Gateway to NUCALA. If an authorized representative signs for the patient, please indicate relationship to the patient.

By signing below, I authorize my Healthcare Providers to disclose my information to GSK to do the following:

1) Request and receive from my doctor, healthcare provider, health insurer, pharmacy or pharmacist information necessary to investigate and resolve my insurance coverage, coding, or reimbursement inquiry, or to review my eligibility for patient assistance programs and co-pay assistance;
2) Collect, use, and disclose my information for the purpose of investigating and resolving my insurance coverage, coding, or reimbursement inquiry;
3) Disclose to my treating physician, healthcare provider, pharmacy or pharmacist my information when necessary to help to resolve my insurance coverage, coding, or reimbursement inquiry.
4) Contact my insurer, other potential funding sources, and/or patient assistance programs on my behalf in order to determine if I am eligible for health insurance coverage or other funds, and disclose to them my information; and
5) Disclose my information to third parties if required by law.

Patient or Legal Guardian Signature:
(please indicate relationship to the patient)

SIGNATURE

Name (print): **Date:**

PATIENT ASSISTANCE PROGRAM (PAP) – UNINSURED PATIENTS

Uninsured patients who are prescribed NUCALA may be eligible for GSK's Patient Assistance Program (PAP). (Please note that this does not constitute health insurance.) To find if you qualify, please fill in the information below.

PATIENT TO COMPLETE

Annual pretax household income: **Number of family members living in household:**

PAP applicants are required to submit verification for all sources of household income at time of application, including a copy of one (1) of the following: most recent federal tax return, pay stub, W-2 statement, bank statement, or another source of income verification. This information will only be used to determine eligibility for the PAP. If you do not have one of the above-mentioned sources, please call 1-844-468-2252 for more information.

OPTIONAL: RECEIVE EDUCATIONAL SUPPORT

GSK offers helpful services and resources to support you on your treatment journey with NUCALA. Check the box below to utilize these services:

☐ **By checking this box, I certify I am at least 18 years old and I am giving GSK and companies working with GSK permission to market or advertise to me about NUCALA.**

PATIENT CHECK HERE

Email address:

GSK believes your privacy is important. By providing your name, address, email address, and other information, you are giving GSK and companies working with GSK permission to market or advertise to you regarding the medical condition(s) in which you have expressed an interest, as well as other general health-related information from GSK. GSK will not sell or transfer your name, address, or email address to any other party for their own marketing use.

Please see complete Important Safety Information for NUCALA on Page ii.
Please see full Prescribing Information, including Patient Information Leaflet, for NUCALA.

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