Trinity Health

Trinity Health West Michigan Infusion Clinics

Mepolizumab (NUCALA®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Site of Service:

☐ Grand Haven Infusion Center: 1309 Sheldon Rd, Grand Haven, MI 49417; Fax: 616-844-4657; Phone: 616-844-4800
☐ Grand Rapids Lacks Infusion Center: 250 Cherry St SE, Grand Rapids, MI 49503; Fax: 616-685-3035; Phone: 616-685-5040
☐ Muskegon Infusion Center: 1500 Sherman BLVD, Muskegon, MI 49444; Fax: 231-727-4328; Phone: 231-672-4887
☐ Shelby Infusion Center: 72 S. State St. Shelby, MI 49455; Fax: 231-727-4328; Phone: 231-861-3025

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ **Date of Birth**: ____ /____ /____ **Weight:** _____kg **Height:** _____cm **Allergies:** _____	**Primary Insurance:** _____ **Member ID:** _____ **Secondary Insurance:** _____ **Member ID:** _____
Diagnosis Diagnosis Code (ICD-10):_____ Indication: _____ Target start date: _____	**Lab Orders** No labs required. Labs to be ordered by physician. ☐ Other: _____

Pre-Medications: No routine pre-medications indicated.
☐ Other: _____

Hold and notify provider: If patient presents with acute uncontrolled asthma exacerbation OR signs/symptoms of herpes zoster infection.

Mepolizumab (NUCALA®) 100 mg/ml

℞
☐ 100 mg
☐ 300mg

Administer via subcutaneous injection (into the upper arm, thigh, or abdomen)
Frequency: Every 4 weeks x _____ doses

IF PATIENT HAS HYPERSENSITIVITY REACTION, BEGIN INSTITUTION HYPERSENSITIVITY POLICY/MANAGEMENT ORDERS

Provider Name: _____
Office Phone Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner, attending physician required)
Note: This order is valid for 12 months from date of physician signature.

Provider Signature: _____
(Must be actual signature, not signed electronically)
Order Date: ____ /____ /_____
Office Fax Number: _____

Reviewed: Mar 2025