Trinity Health Muskegon & Shelby Infusion Clinics
Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444
Shelby: 72 S. State St. Shelby, MI 49455
Fax (shared): 231-672-3970

Mepolizumab (NUCALA®)

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

Order Date: ____/____/____ **Site of Service:** ☐ TH Muskegon ☐ TH Shelby

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 prefilled syringe

℞
☐100 mg
☐ 300mg

Administer via subcutaneous injection (into the upper arm, thigh, or abdomen) once.
Repeat every 4 weeks

Nursing Orders
Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary.
sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax 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.