PREMIER INFUSION CENTER

📜 Cinqair (reslizumab) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ___ / ___ /____

🔹 Diagnosis (ICD-10 Selection)

☐ J45.50 – Severe persistent asthma, uncomplicated
☐ J45.51 – Severe persistent asthma with acute exacerbation
☐ J45.52 – Severe persistent asthma with status asthmaticus
☐ J82.00 – Pulmonary eosinophilia, not elsewhere classified
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

☐ 3 mg/kg IV every 4 weeks
☐ Infuse over 20–50 minutes
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line

☒ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Famotidine: ☐ 20 mg ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ Laboratory Monitoring

☐ CBC ☐ CMP ☐ Blood eosinophil count (≥400 cells/mcL)
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

◆ Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

◆ Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____