

# Reslizumab (Cinqair)

Provider Order Form rev. 3/25/2022



## PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
**NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 09.07.2021)

## SPECIAL INSTRUCTIONS

## THERAPY ADMINISTRATION

- Reslizumab** (Cinqair) in 50ml 0.9% sodium chloride intravenous infusion over 25-50 minutes
  - Dose:  3mg/kg
    - round up to nearest whole vial
    - give exact dose
  - Route: intravenous
  - Frequency:  every 4 weeks
- Flush with 0.9% sodium chloride at the completion of infusion
- Patient is required to stay for 30-minute observation post infusion/injection
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

Provider Name (Print)	Provider Signature	Date
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<b>FAX NUMBERS</b> Fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:	<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
	<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> TAMPA: 844-946-0849
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