

# Reslizumab (Cinqair)



Provider Order Form rev. 10/12/2022

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

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

## 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 infusion completion
- Patient is required to stay for 30-minute observation  
 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 \_\_\_\_\_

### FAX NUMBERS

- |   |  |   |  |   |   |   |   |   |  |  |   |   |  |   |   |  |   |  |  |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|
| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> RALEIGH: 919-287-2551 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 | <input type="checkbox"/> EAST TN: 615-425-7427 |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|