



**Patient Information**

**AIC Allergy / Immunology / Pulmonology Fax: 833-808-0833**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Patient Contact #: \_\_\_\_\_

1. **Diagnosis:**  J45.40 Moderate or  J45.50 Severe: Persistent Asthma, uncomplicated  
 J45.41 Moderate or  J45.51 Severe: Persistent Asthma with acute exacerbation  
 J45.42 Moderate or  J45.52 Severe: Persistent Asthma with status asthmaticus  
 Other: \_\_\_\_\_
2. **Patient has moderate to severe asthma that requires add on maintenance treatment?**  Yes  No  
Eosinophil levels (if available) \_\_\_\_\_ cells / mcl Test Date: \_\_\_\_\_
3. **Atopic Comorbidities?**  Yes  No Specify: \_\_\_\_\_  
IgE level (if available) \_\_\_\_\_ Test Date: \_\_\_\_\_
4. **Failed Medications and Duration:**  
Inhaled Corticosteroids (without LABA): \_\_\_\_\_  
Oral and / or Injectable Corticosteroids: \_\_\_\_\_  
Combination therapy (ICS / LABA): \_\_\_\_\_  
Other Controllers: \_\_\_\_\_
5. **Negative TB Skin Test (PPD Test):**  Yes  No When: \_\_\_\_\_ **\*\* Please attach results\*\***

**Pre-Medication Orders:**

- APAP  325mg  500mg  650mg - PO 30 minutes before infusion.
- Diphenhydramine  25mg  50mg – PO 30 minutes before infusion.  
 25mg IVP  50mg IVP
- Alternate Oral Antihistamines:  Cetirizine 10mg  Loratadine 10mg  Fexofenadine 60mg or  180mg
- Methylprednisolone  40mg IVP  125mg IVP or other \_\_\_\_\_ mg IVP
- Famotidine  20mg PO  40mg PO  20mg IVP  40mg IVP
- Ondansetron  4 mg IVP  4 mg PO

**Labwork:** \_\_\_\_\_ To be Drawn by:  Infusion Clinic  Referring Provider

**Medication**

**Cinqair (reslizumab)**

Dosage / Frequency:

- Cinqair 3 mg / kg per 50-100 ml sodium chloride 0.9% IV to infuse over at least 30 minutes via pump with 0.22-micron filter every 4 weeks; followed each infusion with a 30-minute post observation period. **Maintenance Refills: \_\_\_\_\_**

**Fasenra (benralizumab) - In AIC / HCP office administration only**

Dosage / Frequency:

- Induction Dosage: Fasenra 30 mg SQ every 4 weeks for the first 3 doses given at week 0, week 4, week 8 and then followed by once every 8 weeks thereafter.
- Maintenance: Fasenra 30 mg SQ injection every 8 weeks. **Maintenance Refills: \_\_\_\_\_**

**Nucala (mepolizumab) - In AIC / HCP office administration only**

Dosage / Frequency:

- Nucala 100 mg every 4 weeks via SQ injection in the upper arm, thigh, or abdomen **Maintenance Refills: \_\_\_\_\_**

**Tezspire (tezepelumab – ekko) – In AIC / HCP office administration only**

Dosage / Frequency:

- Tezspire 210 mg SQ injection every 4 weeks. **Maintenance Refills: \_\_\_\_\_**

**Xolair (omalizumab) - In AIC / HCP office administration only**

Dosage / Frequency:

- Xolair SQ every 2 weeks:  225 mg / dose  300 mg / dose  375 mg / dose
- Xolair SQ every 4 weeks:  75 mg / dose  150 mg / dose  225 mg / dose  300 mg / dose **Maintenance Refills: \_\_\_\_\_**

**Physician Prescription Orders** Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Clinic Contact: \_\_\_\_\_ Physician Name: \_\_\_\_\_

**NPI #** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_