



Patient Information

AIC Allergy / Immunology / Pulmonology Fax: 833-808-0833
Louisiana Locations
Alexandria Baton Rouge Lafayette Lake Charles Metairie Monroe Shreveport

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: _____