

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham  
Phone: 207-303-3225 Fax: 207-692-2473

**Cinquir(Reslizumab), Nucala(Mepolizumab), Xolair(Omalizumab), Fasentra(Benralizumab)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

Please list any premeds needed here: \_\_\_\_\_

**Cinquir (Reslizumab) CPT J2786:** 3mg/kg IV every 4 weeks. (Vial size is 100mg/10ml)

Dose: \_\_\_\_\_mg every 4 weeks.

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**Nucala (Mepolizumab) CPT J2182:**

**Asthma: 100mg SQ every 4 weeks.**

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**Eosinophilic granulomatosis with polyangiitis (EGPA): 300mg SQ every 4 weeks.**

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**Xolair (Omalizumab) CPT J2357:**

**Asthma: Based on pretreatment IgE serum levels.**

Dose: \_\_\_\_\_mg.  Every 4 weeks or  Every 2 weeks.

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**Chronic idiopathic urticaria:**

Dose: 150mg SQ every 4weeks or 300mg SQ every 4 weeks.

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

**Fasentra (Benralizumab) CPT J0517:** 30 mg SQ every 4 weeks for the first 3 doses, and then once every 8 weeks. \*Please check all doses that apply\*

Dose 30mg: Initial, 4weeks, 8 weeks

Maintenance dose 30mg: every 8 weeks.

Orders valid through \_\_\_ / \_\_\_ / \_\_\_

\* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_