

Cinquair (Reslizumab), Nucala (Mepolizumab), Xolair (Omalizumab), Fasentra (Benralizumab)

Patient Name	Middle	Last	DOB
Diagnosis	Diagnosis Code		
Height (cm)	Actual Weight (kg)	Allergies	

Please list any premeds needed.

- Cinquair (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. Every 4 weeks Every 2 weeks
Dose (mg): _____ Orders valid through: _____
- Chronic idiopathic urticaria:**
Dose: 150mg SQ every 4 weeks 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 4 weeks 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