NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Cinquair (Reslizumab), Nucala (Mepolizumab), Xolair (Omalizumab), Fasenra(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: _____

◯ **Fasenra (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