

**CINQAIR (RESLIZUMAB)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)
- Required Labs:** Baseline CBC with differential with eosinophil count 400 or greater within 4 weeks.

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- Severe Allergic Asthma with eosiniphilic phenotype (ICD-10: \_\_\_\_\_)
- Other: \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

**J Code: J2786**

**CINQAIR ORDERS**

Pt. Weight \_\_\_\_\_ kg

**Cinqair:**  Initial Dose: 3mg/kg IV every 4 weeks

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	