

Cinqair Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: N/A

Infusion Therapy:

Cinqair (reslizumab) _____ (3mg/kg) IV every 4 weeks

ICD 10 code: _____

Pre-Meds: Adminster 30 minutes prior to Cinqair

Acetaminophen 650 mg PO x 1

Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)

Loratadine 10mg PO x1

SoluMedrol 125 mg IV x1

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Additional Orders:

Special Instructions:

- Run over 50 minutes for 1st three infusions only, and then increase the rate as tolerated to a minimum infusion rate of 20 minutes.
- Infuse using a 0.2-micron filter.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre-infusion and post-infusion.
- Observe patient for 30 minutes post-infusion for the 1st three infusions and then subsequent infusions PRN if previous signs of reaction observed.

Physician Signature: _____

Print Physician Name: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: