RELIANT SPECIALTY INFUSION

AIC Allergy / Immunology / Pulmonology Fax: 833-808-0833

Patient Information

Patient Name: _____ DOB: _____ Height: _____ Weight: _____ Patient Contact #: _____

1. **Diagnosis:** □ J45.40 Moderate or □ J45.50 Severe: Persistent Asthma, uncomplicated
□ J45.41 Moderate or □ J45.51 Severe: Persistent Asthma with acute exacerbation
□ J45.42 Moderate or □ J45.52 Severe: Persistent Asthma with status asthmaticus
□ Other: _____
2. **Patient has moderate to severe asthma that requires add on maintenance treatment?** □ Yes □ No
Eosinophil levels (if available) _____ cells / mcl Test Date: _____
3. **Atopic Comorbidities?** □ Yes □ No Specify: _____
IgE level (if available) _____ Test Date: _____
4. **Failed Medications and Duration:**
Inhaled Corticosteroids (without LABA): _____
Oral and / or Injectable Corticosteroids: _____
Combination therapy (ICS / LABA): _____
Other Controllers: _____
5. **Negative TB Skin Test (PPD Test):** □ Yes □ No When: _____ **** Please attach results****

Pre-Medication Orders:

- ❑ APAP □ 325mg □ 500mg □ 650mg - PO 30 minutes before infusion
- ❑ Diphenhydramine □ 25mg □ 50mg – PO 30 minutes before infusion OR □ 25mg IVP □ 50mg IVP
- ❑ Alternate Oral Antihistamines: □ Cetirizine 10mg □ Loratadine 10mg □ Fexofenadine 60mg or □180mg
- ❑ Methylprednisolone □ 40mg IVP □ 125mg IVP or other ____ mg IVP
- ❑ Famotidine □ 20mg PO □ 40mg PO □ 20mg IVP □ 40mg IVP
- ❑ Ondansetron □ 4 mg IVP □ 4 mg PO

Labwork: _____ To be Drawn by: Infusion Clinic Referring Provider

Medication

Cinqair (reslizumab)
- ❑ Cinqair 3 mg / kg every 4 weeks **Maintenance Refills**: ___

Exdensur (depemokimab – ulaa) – *In AIC / HCP office administration only*
- ❑ Exdensur 100mg SQ every 6 months. **Maintenance Refills**: ___

Fasenra (benralizumab) - *In AIC / HCP office administration only*
- ❑ Induction Dosage: Fasenra 30 mg SQ at week 0, week 4, and week 8
- ❑ Maintenance: Fasenra 30 mg SQ at week 16 and every 8 weeks thereafter **Maintenance Refills**: ___

Nucala (mepolizumab) - *In AIC / HCP office administration only*
- ❑ Nucala 100 mg SC every 4 weeks **Maintenance Refills**: ___

Tezspire (tezepelumab – ekko) – *In AIC / HCP office administration only*
- ❑ Tezspire 210 mg SQ every 4 weeks. **Maintenance Refills**: ___

Xolair (omalizumab) - *In AIC / HCP office administration only*
Every 2 weeks: □ 225 mg / dose □ 300 mg / dose □ 375 mg / dose
Every 4 weeks: □ 75 mg / dose □ 150 mg / dose □ 225 mg / dose □ 300 mg / dose **Maintenance Refills**: ___

Physician Prescription Orders

Address: _____ Phone: _____
Fax: _____ Clinic Contact: _____ Physician Name: _____
NPI # _____ ***Physician Signature:*** _____ ***Date:*** _____