

Cinqair® (reslizumab) Referral Form



Patient Preferred Clinic (select one):

INFORMATION

Referral Status: New Referral Updated Order Order Renewal

DOB: _____ Patient Name: _____ Patient Phone: _____
Patient Address: _____ Patient Email: _____
 NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
ICD-10 code (required): _____ ICD-10 description: _____ Last Treatment Date: _____ Last 4 SSN: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

Infusion to be administered per Vivo protocols.

CINQAIR THERAPY ADMINISTRATION

3mg/kg IV every 4 weeks

LABORATORY ORDERS

CBC At each dose Every _____
CMP At each dose Every _____
CRP At each dose Every _____
OTHER _____

REQUIRED DOCUMENTATION

PREMEDICATIONS

acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____
Dose: _____ Route: _____
Frequency: _____

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Absolute Eosinophil Count(> 300 within 12 months or > 150 within 6 weeks)

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print)

Provider Signature

Date

Fax Numbers

Virginia: 804-500-5941 Nevada: 702-489-5744 Massachusetts: 800-540-1852
Colorado: 303-418-4679 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244
Florida: 904-930-4211 Ohio: 216-400-0674 New York: 800-540-1852
Texas: 469-340-0044 Oklahoma: 918-770-4421 Connecticut: 203-724-4838

Have a Question? (720) 902-4111

Email Referrals To: referrals@vivoinfusion.com

**Email Specialty Referrals to:
info@specialtyinfusion.com**

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