

### CINQAIR (Reslizumab) ORDER FORM

#### REFERRAL TYPE

New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West   Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road   Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive   Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW   Suite 300 Washington, DC 20006
	<input type="checkbox"/> 3027 Javier Road   Suite 2 Fairfax, VA 22031	

#### PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG      LBS	Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

#### CINQAIR ORDER

*We do not accept off-label diagnoses, dosages, or frequencies.*

#### Dosing/Frequency:

3mg/kg IV once every 4 weeks

#### Diagnosis:

J45.50—Severe persistent asthma, uncomplicated  
 J45.51—Severe persistent asthma with (acute) exacerbation  
 J45.52—Severe persistent asthma with status asthmaticus

Other Diagnosis: \_\_\_\_\_ ICD-10 Code (Required): \_\_\_\_\_

Special Instructions:

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *(Order is Valid for One Year)*

#### REQUIRED DOCUMENTATION

#### Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - EOS within the last 3 months or prior to starting prednisone for new starts OR EOS before starting the drug for continuation of therapy
  - If available radioallergosorbent test (RAST) results
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

***We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.***