

**FASENRA (BENRALIZUMAB)  
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)

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

**Diagnosis:**

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

Pt. Weight \_\_\_\_\_ kg Allergies: \_\_\_\_\_

**FASENRA ORDERS**

- Fasenra**  Initial Dose: 30mg subcutaneously every 4 weeks for the first 3 doses followed by once every 8 weeks thereafter
- Maintenance Dose: 30mg subcutaneously every 8 weeks

**Additional Instructions:**

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