

# FASENRA (BENRALIZUMAB) ORDERS

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERRAL STATUS

New Referral  Dose or Frequency Change  Order Renewal

Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_ Line type:  PIV  PICC  Port  Other

## DIAGNOSIS AND ICD-10 CODE

Severe Eosinophilic Asthma ICD-10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Does your patient have blood eosinophil counts  $\geq$  150 cells/ $\mu$ L within past 12 months?  Yes  No

## REQUIRED DOCUMENTATION

This signed order form by the provider  H&P and Clinical/Progress notes supporting primary diagnosis  
 Patient demographics AND insurance information  Labs and Tests supporting primary diagnosis, including blood eosinophil counts  
 Pulmonary Function Tests

List Tried & Failed Therapies, including duration of treatment:

- 1)
- 2)
- 3)

## MEDICATION ORDERS

Initial Dosing  Fasenra \_\_\_\_\_mg SubQ every 4 weeks for three doses then every 8 weeks thereafter  
 Maintenance Dosing  Fasenra \_\_\_\_\_mg SubQ every 8 weeks

Refills\*:  X 6 months  X 1 Year  Other: \_\_\_\_\_

*\*(if not indicated, order will expire 1 year from date signed)*

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline  
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration  
 RN to flush and lock VAD/CVAD per company protocol

Other: \_\_\_\_\_

## PREMEDICATION ORDERS

Acetaminophen 650mg PO prior to infusion  Other: \_\_\_\_\_  
 Diphenhydramine 25mg PO prior to infusion  Other: \_\_\_\_\_

## EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

### Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO  
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins  
 Acetaminophen 325mg-650mg PO  
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.3mg IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive  
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

### Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO  
 Diphenhydramine 25mg slow IV push over 2-5 mins  
 Acetaminophen 325mg PO  
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_