

**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)

Patient Name:	DOB:
Allergies:	Patient Phone:

**Diagnosis:**

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

**Patient weight:** \_\_\_\_\_ kg

<b>Fasenra Orders</b>
<input type="checkbox"/> Initial Dose: 30mg subcutaneously every 4 weeks for the first 3 doses followed by once every 8 weeks thereafter
<input type="checkbox"/> Maintenance Dose: 30mg subcutaneously every 8 weeks

Additional instructions:
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Physician Name:	Phone:	Fax:
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Physician signature:	Date:
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