

Fasenra (Benralizumab) Injection Orders

Patient Name: _____ DOB: _____ Male Female
Diagnosis (please provide ICD10 code) _____
 NKDA Allergies: _____
 New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

HISTORY

Previous Drug Therapy History/Therapies Tried and Failed:

Xolair Nucala Cinqair Other: _____

Date of last dose: _____

REQUIRED LABS

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

FASENRA ORDERS

DOSING/FREQUENCY:

Induction and Maintenance:

30mg subcutaneous injection every 4 weeks for the first 3 doses,
then every 8 weeks

Maintenance Only:

30mg subcutaneous injection every 8 weeks

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

REFILLS:

(if not indicated prescription will expire one year from date signed)

Provider Name

Provider Signature

Date