

**PATIENT DEMOGRAPHICS**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  NKDA Weight: \_\_\_\_\_  lbs  kg Height: \_\_\_\_\_  in  cm  
**Patient Status:**  New to Therapy  Dose or Frequency Change  Order Renewal

**INSURANCE INFORMATION: Please attach copy of insurance card (front and back).**

**DIAGNOSIS\***

- Severe persistent asthma, uncomplicated, J45.50
- \*ICD 10 Code Required**  Severe persistent asthma, with (acute) exacerbation, J45.51
- Severe persistent asthma, with status asthmaticus, J45.52
- Other: \_\_\_\_\_, ICD10 \_\_\_\_\_

**INFUSION ORDERS**

MEDICATION	DOSE	DIRECTIONS/DURATION
Fasentra® (benralizumab)	<input type="checkbox"/> 10 mg <input type="checkbox"/> 30 mg	<input type="checkbox"/> <b>INITIAL:</b> Inject SUBQ every 4 weeks x 3 doses, then every 8 weeks x 1 year <input type="checkbox"/> <b>MAINTENANCE:</b> Inject SUBQ every 8 weeks x 1 year <input type="checkbox"/> Observe patient for 1 hour after each dose.

**Is patient currently receiving therapy above from another facility?**  Yes  No  
 If yes, Facility Name: \_\_\_\_\_  
 Date of last treatment: \_\_\_\_\_ Date of next treatment: \_\_\_\_\_

**PRE-MEDICATION ORDERS**

- No premeds ordered at this time
- Acetaminophen 650mg PO  Diphenhydramine 25mg PO
- Methylprednisolone 40mg IVP -OR-  Hydrocortisone 100mg IVP
- Other: \_\_\_\_\_

**LAB ORDERS**

- Labs to be drawn by:**  Infusion Center  Referring Physician
- No labs ordered at this time
- CBC q \_\_\_\_\_  CMP q \_\_\_\_\_  CRP q \_\_\_\_\_
- ESR q \_\_\_\_\_  LFTs q \_\_\_\_\_  Other: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_ TIN: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Where Follow Up Documentation Should Be Sent: \_\_\_\_\_

**REQUIRED CLINICAL DOCUMENTATION**

**Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.**

**LAB AND TEST RESULTS (required)**

- Pre-treatment serum eosinophil count
- Pre-treatment pulmonary function test
  - FEV-1 <80% predicted
  - FEV-1 reversibility ≥12% and 200mL after albuterol administration
- Other: \_\_\_\_\_

**PRIOR FAILED THERAPIES**

Medication Failed: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_ Reason for D/C: \_\_\_\_\_  
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