

Fasenra Injection Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: N/A

Infusion Therapy:

- Fasenra (benralizumab) 30 mg SC every 4 weeks x 3 doses, followed by
- Fasenra (benralizumab) 30 mg SC every 8 weeks

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs, to include a BP, HR, temperature, and O2 saturation, pre-injection and obtain HR and BP post-injection PRN.
- Monitor patient for 30 minutes post-injection for signs and symptoms of reaction.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: