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smartinfusion
THERAPY SERVICES

Fasenra (Benralizumab)
Subcutaneous Injection Order Form

Patient Information

Patient Name: _____DOB: _____ M ☐ F ☐

Allergies: _____

☐ New Treatment ☐ Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code   (Required)

☐ Severe Eosinophilic Asthma ICD 10 Code: J45.50

☐ Other: _____ ICD 10 Code: _____

Required Tests   (within 12 months & attach results)

Pulmonary Function Test   Results _____

Blood Eosinophil Counts   Results _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Special Instructions / Notes

Fasenra Medication Order

Patient Weight: _____ KG

Initial Dosage – Subcutaneous Injection
☐ 30mg

Frequency
☐ Initial dosing every 4 weeks for 3 doses
☐ Other _____

Maintenance Dosage
☐ 30mg

Frequency
☐ Every 8 weeks
☐ Other _____

Required Documents
☐ Patient Demographic Sheet
☐ H & P within the past 6 months
☐ Current Medication List
☐ Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____