

**PATIENT INFORMATION**
**PATIENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** ☐ M ☐ F **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ ☐ LBS ☐ KG

**ALLERGIES:** \_\_\_\_\_ **PREFERRED CLINIC:** \_\_\_\_\_

**REFERRAL STATUS:** ☐ NEW REFERRAL ☐ ORDER CHANGE ☐ ORDER RENEWAL

**DIAGNOSIS & CLINICAL DOCUMENTATION**

- ☐ J45.50 Severe persistent asthma, uncomplicated  
☐ J45.51 Severe persistent asthma with (acute) exacerbation  
☐ J82.83 Eosinophilic Asthma  
☐ J30.1 Polyarteritis with lung involvement [EGPA/Churg-Strauss]  
☐ ICD-10 CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- ☐ Insurance Information
 ☐ List of Medications
 ☐ Tried & Failed Therapies
 ☐ Most Recent History & Physical  
☐ Lab results and/or Pulmonary Function Tests to support diagnosis
 ☐ Blood Eosinophil Level/CBC

**MEDICATION ORDER**
**\*FOR PEDIATRIC PATIENTS AGED 6 – 11 WEIGHING LESS THAN 35KG**

- ☐ **LOADING:** Fasenra® (benralizumab) 10mg via subcutaneous injection every 4 weeks FOR 3 doses  
☐ **MAINTENANCE:** Fasenra® (benralizumab) 10mg via subcutaneous injection every 8 weeks

**\*FOR PEDIATRIC PATIENTS AGED 6 – 11 WEIGHING GREATER THAN 35KG OR ADOLESCENT PATIENTS AGED 12 OR OLDER**

- ☐ **LOADING:** Fasenra® (benralizumab) 30mg via subcutaneous injection every 4 weeks initial 3 doses  
☐ **MAINTENANCE:** Fasenra® (benralizumab) 30mg via subcutaneous injection every 8 weeks

☒ **REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE:** \_\_\_\_\_

Patient to be observed for 30 minutes following the first injection and then for 15 minutes following each subsequent injection.  
 In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

**PRESCRIBER INFORMATION**
**PROVIDER NAME:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS (INCLUDE CITY, STATE, ZIP):** \_\_\_\_\_

**SUPERVISING PHYSICIAN:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
(IF APPLICABLE)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN