McLeod Health

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Benralizumab (Fasenra) Treatment Plan

Patient Name: ____ DOB: _________________________

Height (cm): ______________________ Weight (kg): _________________ Allergies: ____________________

Diagnosis (select one):

☐ J45.50 Severe persistent asthma, unspecified

☐ J45.51 Severe persistent asthma with (acute) exacerbation

☐ Other: ICD 10 Code: __________________ Diagnosis Description: _________________________________

Drug Orders:

- Benralizumab (Fasenra) (J0517) 30 mg via subcutaneous injection
- Frequency: ☐ Induction: Weeks 0, 4, and 8 then every 8 weeks thereafter

  ☐ Maintenance: every 8 weeks

  ☐ Other: ____
- Order Duration: Six months unless otherwise specified (Other: ____________________________________)

Standing Orders:

- Monitor patient for 30 minutes following each injection.
- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion/injection will be stopped and physician notified.

Physician Signature: ____ **Date:** ____________________________

Physician Name: ____ **Phone:** ___________________________

Approved: 04/2021

Pre-Screening Requirements:

- Provide blood eosinophil level prior to start of therapy

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received benralizumab at another facility, please provide last date received: ____________
- If patient has previously received another biologic therapy, please provide the name: _______________________

and the last date received: ________________

Insurance/Authorization Information:

Insurance Type: ____

Insurance Authorization Reference Number: ____

Date Obtained: ____________________________ Authorization Valid Until: _________________________

Additional Notes: ____

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the preferred location or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)