

McLeod Health

Benralizumab (Fasenra) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

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: One year 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: _____

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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- | | | |
|--------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> McLeod Regional Medical Center (Florence) | <input type="checkbox"/> McLeod Health Loris | <input type="checkbox"/> McLeod Health Cheraw |
| <input type="checkbox"/> McLeod Health Seacoast (Little River) | <input type="checkbox"/> McLeod Health Dillon | <input type="checkbox"/> McLeod Health Clarendon (Manning) |

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.