



(benralizumab)

FASENRA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Eosinophilic asthma

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

FASENRA ORDERS

DOSAGE

Initial dose 30 mg every 4 weeks for the first 3 doses, then every 8 weeks

Maintenance dose: 30 mg every 8 weeks

(other frequency)

PATIENT WEIGHT

lbs.

kg

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax