



# BENRALIZUMAB

(Fasenra)

Outpatient Infusion

## Order Form

<b>Patient Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Phone</b>	

**Order Status**       New Order       Renewal       Dose or Frequency Change

<b>Diagnosis</b>	<input type="checkbox"/> Asthma, severe eosinophilic	<b>Diagnosis Code:</b> _____
	<input type="checkbox"/> Other: _____	

**Allergies:**

<b>Required Information</b>	Negative Quantiferon TB or Tspot or chest x-ray	Date: _____	Weight: _____ Height: _____
	Diagnostic Hepatitis B Panel	Date: _____	
	Coccidioides Screen/Panel	Date: _____	
	CBC, CMP (include lab result documents)	Date: _____	

**Labs**       CBC, CMP every \_\_\_\_\_       Other: \_\_\_\_\_

**Fasenra (benralizumab)**

Induction:

- 30mg SQ every 4 weeks for first 3 doses, then once every 8 weeks
- Other: \_\_\_\_\_

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Maintenance:

- 30mg SQ every 8 weeks
- 30mg SQ every \_\_\_\_\_

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Other: \_\_\_\_\_

**Infusion Reaction Medications**      Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

**Required Documentation**

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

# OUTPATIENT INFUSION CENTERS

## Select an Infusion Center below (check box):

- Glendale Infusion Clinic  
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic  
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic  
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

## How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765