

**FASENRA (benralizumab)**

<b>Status</b>	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
<b>Diagnosis</b>	<input type="checkbox"/> ICD 10 Code: J45.50	Severe persistent asthma, uncomplicated.		
	<input type="checkbox"/> ICD 10 Code: J45.51	Severe persistent asthma with (acute) exacerbation		
	<input type="checkbox"/> ICD 10 Code: _____	Other: _____		
<b>Pertinent Medical History</b>	<b>Initial</b> Requests: Eosinophil count: _____ Date: _____			
	<b>Renewal</b> Requests: Did the patient experience measurable evidence of improvement in disease activity and/or severity? (Provide documentation) <span style="float:right"><input type="checkbox"/> Y <input type="checkbox"/> N</span>			
<b>Labs</b>	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician			
	If Infusion Clinic: _____			
<b>Medication Order</b>	<input type="checkbox"/> Induction: Fasenra 30mg SubQ every 4 weeks x 3 doses, then every 8 weeks thereafter			
	<input type="checkbox"/> Maintenance: Fasenra 30mg SubQ every 8 weeks			
	Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
<b>Monitoring</b>	Monitor for signs/symptoms of hypersensitivity during injection and 15 mins post-injection. For any signs of infusion reaction: Contact on-site provider for instruction.			
<b>Additional Orders</b>				
<b>Physician Information</b>	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

<b>REQUIRED DOCUMENTATION</b>	
<input type="checkbox"/> Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
<input type="checkbox"/> <b>Clinical / Progress Notes</b> , supporting primary diagnosis:	- 2 most recent office notes (including documentation of number of exacerbations in past 12 months) - Medication history
<input type="checkbox"/> Most Recent <b>Labs</b> :	- Labs showing elevated eosinophil count of 150 cell/uL or higher - FEV1 test results

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