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Washington Township Infusion Center
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Fasenra® (Benralizumab) Order Form
Epic Referral: REF115209

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Fasenra (benralizumab) subcutaneous injection

- Patients will be observed for 30 minutes after their first 3 injections to ensure there is no anaphylactic or serious injection reaction
- Medication must sit out for 30 minutes prior to administration

Induction (Only check if patient is a new start or re-starting therapy AND indicated for the diagnosis):

Fasenra 30 mg subcutaneous injection every 4 weeks x 3 doses followed by maintenance dosing starting 8 weeks later

Maintenance:

Fasenra 30 mg subcutaneous injection every 8 weeks

Duration:

6 months 1 year Other _____

Other Orders/Comments: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____