



INFUSE ONE

(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