



Patient Name:  
 DOB:  
 Date of Last Infusion  
 Insurance:

Clinic Location:  
 Merrimack, NH   
 Concord, NH

### Fasenra® (benralizumab) Orders

Diagnosis (please provide ICD-10 code in space provided):

\_\_\_\_\_ Severe Persistent Asthma  
 (ICD-10)

\_\_\_\_\_ Other: \_\_\_\_\_  
 (ICD-10)

**Provider:** Is patient required to carry epinephrine auto-injector?

- Yes, patient has been provided epinephrine auto-injector and has been educated on its use.
- No, patient does not require epinephrine auto-injector.

**Nursing Orders:**

- Hold Fasenra and notify provider if patient reports:
  - current parasitic infection
  - new or worsening asthma symptoms since initiating Fasenra
- Observation period required; see below.
- If indicated by provider above, confirm patient has epinephrine auto-injector and understands indications for use.

Initial Dose: Fasenra 30mg every 4 weeks x 3 doses, then every 8 weeks

Subsequent Dosing: Fasenra every 8 weeks

**Observation Period:**

- Monitor patient for post-injection observation period of 1 hour.
- Record vital signs prior to discharge.
- If patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol

**Frequency:**

Every \_\_\_\_\_ weeks

**Additional Orders:**

Provider name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Time: \_\_\_\_\_