



FASENRA® (BENRALIZUMAB) ORDER FORM

(* - Required Fields)

STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

FASENRA ORDER*: <i>(SELECT ONE OF THE FOLLOWING)</i>	ICD-10*:
<input type="checkbox"/> Initial Dosing and then Maintenance Dosing: 30 mg injection every 4 weeks for the first 3 doses, then every 8 weeks	
OR	
<input type="checkbox"/> Maintenance Dosing: 30 mg injection every 8 weeks	
Physician Signature* _____	Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Severe Asthma
<input type="checkbox"/> Eosinophilic Asthma
<input type="checkbox"/> Other _____
*STAT REASON: (STAT requests will be assessed per MPP policy and protocols)

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> Absolute Eosinophil Count (> 300 in prior 12mos or > 150 in prior 6 weeks)
Last Infusion/Injection Date: _____

STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC
<input type="checkbox"/> Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

-----Colorado-----

Lakewood

-----Florida-----

- Jacksonville
- Kissimmee
- Port St. Lucie
- Winter Park

-----Texas-----

- Arlington
- Cedar Hill
- Dallas
- Denton
- Ft. Worth
- Irving
- Rockwall
- Southlake
- Flower Mound
- Plano
- Tyler