

## FASENRA (benralizumab) infusion orders

Patient Name	DOB	
Phone	M	F

**DIAGNOSIS** Please provide ICD-10 code

Eosinophilic asthma  
  
(other)

**PRE-MEDICATION**

Tylenol 1000mg PO	Solu-Medrol 125mg IVP
Cetirizine 10mg PO	Solu-Cortef 100mg IVP
Diphenhydramine 25mg PO	Diphenhydramine 25mg IVP
Quzyttir 10mg IVSP over 1-2 min	

*(other)*

**FASENRA ORDERS**

DOSAGE	PATIENT WEIGHT
Initial dose 30 mg every 4 weeks for the first 3 doses, then every 8 weeks	lbs.
Maintenance dose: 30 mg every 8 weeks	kg
<i>(other frequency)</i>	

**NOTES**

**ORDERING PROVIDER**

Signature     X     \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_