MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

FASENRA (BENRALIZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS		
❑ New Referral	❑ Dose or Frequency Change	❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)		
Preferred Location:	❑ Montgomery	❑ Prattville

DIAGNOSIS AND ICD 10 CODE

❑ Severe Eosinophilic Asthma ICD 10 Code: J45.50

❑ Other:_____ ICD 10 Code: _____

Does your patient have blood eosinophil counts ≥ 300 cells/µL within past 12 months? ❑ YES ❑ NO

REQUIRED DOCUMENTATION/TESTING

❑ This signed order form by the provider

❑ Patient demographics AND insurance information

❑ Pulmonary Function Tests

❑ Clinical/ Progress notes

❑ Labs and tests supporting primary diagnosis, including blood eosinophil counts

List tried AND failed therapies, including duration of treatment:

1)

2)

3)

MEDICATION ORDERS

Initial Dosing ❑ Fasenra 30mg SQ every 4 weeks for three doses. Then, every 8 weeks thereafter.

Maintenance Dosing ❑ Fasenra 30mg SQ every 8 weeks.

Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION

Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207