

**Fasenra (Benralizumab) Injection Orders**

Patient Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis (please provide ICD10 code)		
<input type="checkbox"/> NKDA Allergies:		
<input type="checkbox"/> New Start Therapy	<input type="checkbox"/> Continuation of Therapy	Date of last dose (if applicable):

## Ordering Provider:

Provider NPI:	Phone:	Fax:
Practice Address:	City:	State: Zip Code:

**HISTORY**

Previous Drug Therapy History/Therapies Tried and Failed:

☐ Xolair ☐ Nucala ☐ Cinqair Other: \_\_\_\_\_

Date of last dose: \_\_\_\_\_

**REQUIRED LABS**☒ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)**FASENRA ORDERS****DOSING/FREQUENCY:****Induction and Maintenance:**☐ 30mg subcutaneous injection every 4 weeks for the first 3 doses,  
then every 8 weeks**Maintenance Only:**☐ 30mg subcutaneous injection every 8 weeks**REFILLS:**☐ \_\_\_\_\_  
(if not indicated prescription will expire one year from date signed)**Noble Infusion Standing Orders:**☒ Provide treatment under Noble Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.\_\_\_\_\_  
Provider Name\_\_\_\_\_  
Provider Signature\_\_\_\_\_  
Date