

McLeod Health

Benralizumab (Fasenra) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one):

- J45.50 Severe persistent asthma, unspecified
- J45.51 Severe persistent asthma with (acute) exacerbation
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Benralizumab (Fasenra) (J0517) 30 mg via subcutaneous injection
- Frequency: Induction: Weeks 0, 4, and 8 then every 8 weeks thereafter
 - Maintenance: every 8 weeks
 - Other: _____
- Order Duration: Six months unless otherwise specified (Other: _____)

Standing Orders:

- Monitor patient for 30 minutes following each injection.
- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion/injection will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide blood eosinophil level prior to start of therapy

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received benralizumab at another facility, please provide last date received: _____
- If patient has previously received another biologic therapy, please provide the name: _____
and the last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.