



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Guidelines for Prescribing FASENRA™ (benralizumab)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

___ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-6)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or Pulmonary Function Tests to support diagnosis.**

- FASENRA™ (benralizumab) is an interleukin-5 receptor alpha-directed cytolytic monoclonal antibody (IgG1, kappa) indicated for the **add-on maintenance treatment** of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

___ If patient is switching biologic therapies such as Xolair®, Cinqair®, or Nucala®, then MD must specify wash-out period prior to starting FASENRA™ as specified of _____ weeks.

Last known therapy: _____ and last known date received: _____.

___ Other as requested: _____

Pre-Screening:

___ Blood Eosinophil Level

**** Warnings/Precautions: Hypersensitivity reactions:** hypersensitivity reactions (e.g., anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA™. Discontinue in the event of a hypersensitivity reaction. The most common adverse reactions (incidence greater than or equal to 5%) include headache and pharyngitis. • **Reduction in Corticosteroid Dosage:** Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy. Decrease corticosteroids gradually, if appropriate. • **Parasitic (Helminth) Infection:** Treat patients with pre-existing helminth infections before therapy with FASENRA™. If patients become infected while receiving FASENRA™ and do not respond to anti-helminth treatment, discontinue FASENRA™ until the parasitic infection resolves. Pregnancy/Breastfeeding: Discuss Pregnancy or breastfeeding plans/risks prior to start of therapy. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.