

Fasenra® (benralizumab) Referral Form



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PATIENT PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

Form fields for patient information: DOB, Patient Name, Patient Phone, Patient Address, Patient Email, NKDA Allergies, Weight (lbs/kg), Height, ICD-10 code (required), ICD-10 description, Last Treatment Date, Last 4 SSN.

PROVIDER INFORMATION

Form fields for provider information: Referral Coordinator Name, Referral Coordinator Email, Ordering Provider, Provider NPI, Referring Practice Name, Phone, Fax, Practice Address, City, State, Zip Code.

NURSING

Infusion to be administered per BioHealth protocols.

FASENRA THERAPY ADMINISTRATION

LABORATORY ORDERS

Table for laboratory orders with columns for test name (CBC, CMP, CRP, OTHER), frequency (At each dose), and interval (Every).

30 mg injection every 4 weeks for 3 doses, then every 8 weeks
30 mg injection every 8 weeks
Patient is dependent on oral corticosteroids

OTHER INFORMATION/ORDERS

REQUIRED DOCUMENTATION

- Patient Demographics
Insurance Card/Information
Progress Notes Supporting DX
Current Medication List and H&P
Absolute Eosinophil Count (>300 in prior 12 months or >150 in prior 6 months)

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print), Provider Signature, Date

Have a Question? (786)460-6044
Fax Referral Form To: (786)219-3917
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