



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the **X** to remove the pre-checked option.

## BENRALIZUMAB (FASENRA) THERAPY PLAN [11500850] Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

*I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.*

Supportive Care	Interval
<input type="radio"/> benralizumab (FASENRA) 30 mg/mL inj 30 mg x 3 doses	Every 28 days Route: Subcutaneous
<input type="radio"/> benralizumab (FASENRA) 30 mg/mL injection 30 mg	Every 56 days Route: Subcutaneous

Emergency Medications	Interval
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg 25-50 mg Once As Needed Intramuscular, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg, and notify provider.	PRN Route: Intramuscular
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff 2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.	PRN Route: Inhalation
<input checked="" type="checkbox"/> methylPREDNISolone sod suc(PF) (Solu-MEDROL) Injection 125 mg 125 mg Once As Needed Intramuscular, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Do not inject into deltoid.	PRN Route: Intramuscular
<input checked="" type="checkbox"/> EPINEPPhrine (ADRENALIN) injection 0.5 mg 0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose.	PRN Route: Intramuscular

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Provider Signature

Date

Time

Provider's Printed Name:

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Place Patient Label Here

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EHR5003-DT (12/08/2024)

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