Fasenra® (benralizumab) Referral Form

Preferred Clinic (select one): _____

VIVO infusion®

PATIENT INFORMATION

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Last Injection Date: Last 4 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Physician Preferred Method of Contact: ☐ Email: ☐ Fax: ☐ Phone:

STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

DIAGNOSIS AND ICD-10 CODE

Please ensure that the selected ICD-10 diagnosis is supported by the clinical documentation provided.

- ☐ J45.50 Severe persistent asthma, uncomplicated
- ☐ J45.51 Severe persistent asthma with (acute) exacerbation
- ☐ J82.83 Eosinophilic asthma
- ☐ M30.1 Polyarteritis with lung involvement
- ☐ Other (include ICD-10 code):

OTHER INFORMATION

FASENRA ADMINISTRATION

- ☐ 30 mg injection every 4 weeks for 3 doses, then every 8 weeks
- ☐ 30 mg injection every 8 weeks
- ☐ 30 mg injection every 4 weeks
- ☐ 10 mg every 4 weeks x 3 doses, then every 8 weeks
- ☐ Other: _____
- ☐ Patient is dependent on oral corticosteroids

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)

Provider Name (Print) **Provider Signature** **Date**

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Oklahoma: 918-770-4421	Virginia: 804-500-5941
Connecticut: 203-724-4838	Michigan: 833-957-2188	New York: 800-540-1852	Pennsylvania: 215-399-9244	Wisconsin: 414-600-5383
Florida: 904-930-4211	Minnesota: 763-290-0903	Ohio: 216-400-0674	Texas: 469-340-0044	

Order is valid for one year unless otherwise noted.

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