FASENRA is indicated for the add-on maintenance treatment of patients with severe asthma aged 6 years and older and with an eosinophilic phenotype.
FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus.

Fasenra® (benralizumab) Subcutaneous Injection | AstraZeneca Access 360™

FASENRA PATIENT INJECTION RECORD | Use this log to record injection history for your patients with severe eosinophilic asthma

			ACCESS TO CARE (as applicable)					DOSING*							
	Patient Information	Insurance	Referral Initiated	Acquisition Method	Prior Authorization (PA)	Additional Steps		Dose 1 Q4W	Dose 2 Q4W	Dose 3 Q4W	Dose 4 Q8W	Dose 5 Q8W	Dose 6 Q8W	Dose 7 Q8W	Dose 8 Q8W
1	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
2	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
3	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
4	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A

*The recommended dosage of FASENRA for asthma is administered subcutaneously Q4W for the first 3 doses, and then Q8W thereafter.

See Prescribing Information, for complete Dosing and Administration information.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to benralizumab or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (eg, anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. These reactions generally occur within hours of administration, but in some instances have a delayed onset (ie, days). Discontinue in the event of a hypersensitivity reaction.

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Fasenra® (benralizumab) Subcutaneous Injection | AstraZeneca Access 360™

FASENRA PATIENT INJECTION RECORD | Use this log to record injection history for your patients with severe eosinophilic asthma

			ACCESS TO CARE (as applicable)					DOSING*							
	Patient Information	Insurance	Referral Initiated	Acquisition Method	Prior Authorization (PA)	Additional Steps		Dose 1 Q4W	Dose 2 Q4W	Dose 3 Q4W	Dose 4 Q8W	Dose 5 Q8W	Dose 6 Q8W	Dose 7 Q8W	Dose 8 Q8W
5	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
6	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
7	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
8	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered Date Dosed Next Injection Date Pre-filled Syringe/Pen Injection Site Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A

*The recommended dosage of FASENRA for asthma is administered subcutaneously Q4W for the first 3 doses, and then Q8W thereafter.

See Prescribing Information, for complete Dosing and Administration information.

IMPORTANT SAFETY INFORMATION (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd)

Acute Asthma Symptoms or Deteriorating Disease

FASENRA should not be used to treat acute asthma symptoms, acute exacerbations, or acute bronchospasm.

Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with FASENRA. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Please see additional Important Safety Information throughout and full Prescribing Information, including Patient Information and Instructions for Use.

FASENRA is indicated for the add-on maintenance treatment of patients with severe asthma aged 6 years and older and with an eosinophilic phenotype.
FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus.

Fasenra® (benralizumab) Subcutaneous Injection | AstraZeneca Access 360™

FASENRA PATIENT INJECTION RECORD | Use this log to record injection history for your patients with severe eosinophilic asthma

		ACCESS TO CARE (as applicable)					DOSING*							
	Patient Information	Insurance	Referral Initiated	Acquisition Method	Prior Authorization (PA)	Additional Steps	Dose 1 Q4W	Dose 2 Q4W	Dose 3 Q4W	Dose 4 Q8W	Dose 5 Q8W	Dose 6 Q8W	Dose 7 Q8W	Dose 8 Q8W
9	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
10	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
11	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
12	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A

*The recommended dosage of FASENRA for asthma is administered subcutaneously Q4W for the first 3 doses, and then Q8W thereafter.

See Prescribing Information, for complete Dosing and Administration information.

IMPORTANT SAFETY INFORMATION (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd)

Parasitic (Helminth) Infection

It is unknown if FASENRA will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with FASENRA. If patients become infected while receiving FASENRA and do not respond to anti-helminth treatment, discontinue FASENRA until infection resolves.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 5%) include headache and pharyngitis.

Injection site reactions (eg, pain, erythema, pruritus, papule) occurred at a rate of 2.2% in patients treated with FASENRA compared with 1.9% in patients treated with placebo in asthma exacerbation studies.

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FASENRA PATIENT INJECTION RECORD | Use this log to record injection history for your patients with severe eosinophilic asthma

			ACCESS TO CARE (as applicable)					DOSING*							
	Patient Information	Insurance	Referral Initiated	Acquisition Method	Prior Authorization (PA)	Additional Steps		Dose 1 Q4W	Dose 2 Q4W	Dose 3 Q4W	Dose 4 Q8W	Dose 5 Q8W	Dose 6 Q8W	Dose 7 Q8W	Dose 8 Q8W
13	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered								
							Date Dosed								
							Next Injection Date								
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site								
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
14	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered								
							Date Dosed								
							Next Injection Date								
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site								
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
15	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration	Notes:	Date Ordered								
							Date Dosed								
							Next Injection Date								
							Pre-filled								
							Injection Site								
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
16	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:	Date Ordered								
							Date Dosed								
							Next Injection Date								
							Pre-filled Syringe/Pen	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
							Injection Site								
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A

*The recommended dosage of FASENRA for asthma is administered subcutaneously Q4W for the first 3 doses, and then Q8W thereafter.

See Prescribing Information, for complete Dosing and Administration information.

IMPORTANT SAFETY INFORMATION (Cont'd)

USE IN SPECIFIC POPULATION

The data on pregnancy exposure from the clinical trials are insufficient to inform on drug-associated risk. Monoclonal antibodies such as benralizumab are transported across the placenta during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

Please see additional Important Safety Information throughout and full Prescribing Information, including Patient Information and Instructions for Use.

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FASENRA PATIENT INJECTION RECORD | Use this log to record injection history for your patients with severe eosinophilic asthma

		ACCESS TO CARE (as applicable)					DOSING*							
	Patient Information	Insurance	Referral Initiated	Acquisition Method	Prior Authorization (PA)	Additional Steps	Dose 1 Q4W	Dose 2 Q4W	Dose 3 Q4W	Dose 4 Q8W	Dose 5 Q8W	Dose 6 Q8W	Dose 7 Q8W	Dose 8 Q8W
17	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen							
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
18	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen							
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
19	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled							
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A
20	Patient Name: Date of Birth: Access 360 HUB ID: Prescriber Name:	Primary: Secondary: Pharmacy Benefit Manager (PBM):	☐ Access 360: ☐ BI Received: ☐ SPP/Other:	SPP Name: Buy and Bill: ASOC:	Date Submitted: Date Approved: PA Expiration Date:	Notes:								
							Date Ordered							
							Date Dosed							
							Next Injection Date							
							Pre-filled Syringe/Pen							
							Injection Site							
							Free Limited Supply (FLS)/ Sample	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A	☐Sample ☐FLS ☐N/A

*The recommended dosage of FASENRA for asthma is administered subcutaneously Q4W for the first 3 doses, and then Q8W thereafter.

See Prescribing Information, for complete Dosing and Administration information.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to benralizumab or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (eg, anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. These reactions generally occur within hours of administration, but in some instances have a delayed onset (ie, days). Discontinue in the event of a hypersensitivity reaction.

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
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WARNINGS AND PRECAUTIONS
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Acute Asthma Symptoms or Deteriorating Disease
FASENRA should not be used to treat acute asthma symptoms, acute exacerbations, or acute bronchospasm.

Reduction of Corticosteroid Dosage
Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with FASENRA. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection
It is unknown if FASENRA will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with FASENRA. If patients become infected while receiving FASENRA and do not respond to anti-helminth treatment, discontinue FASENRA until infection resolves.

ADVERSE REACTIONS
The most common adverse reactions (incidence ≥ 5%) include headache and pharyngitis.

Injection site reactions (eg, pain, erythema, pruritus, papule) occurred at a rate of 2.2% in patients treated with FASENRA compared with 1.9% in patients treated with placebo in asthma exacerbation studies.

USE IN SPECIFIC POPULATIONS
The data on pregnancy exposure from the clinical trials are insufficient to inform on drug-associated risk. Monoclonal antibodies such as benralizumab are transported across the placenta during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

INDICATIONS
FASENRA is indicated for:
- the add-on maintenance treatment of patients with severe asthma aged 6 years and older and with an eosinophilic phenotype. FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus
- the treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA)

Please see full Prescribing Information, including Patient Information and Instructions for Use.

You may report side effects related to AstraZeneca products.

1-833-360-HELP (1-833-360-4357)

1-833-FAX-A360 (1-833-329-2360)

www.FasenraResources.com

One MedImmune Way, Gaithersburg, MD 20878

Access360@AstraZeneca.com

Reference: FASENRA® (benralizumab) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; September 2024.