Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

INFUSE ONE

Tezspire (tezepelumab-ekko) Injection Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

☐ NKDA Allergies: _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

HISTORY

Previous Drug Therapy History/Therapies Tried and Failed:

☐ Xolair ☐ Nucala ☐ Cinqair Other: _____

Date of last dose: _____

REQUIRED LABS

☑ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

TEZSPIRE ORDERS

DOSING/FREQUENCY:

☑ Dose: 210 mg/1.91 mL (110 mg/mL) solution

Route: subcutaneous injection

Frequency: once every four weeks

REFILLS:

☐ _____

(if not indicated prescription will expire one year from date signed)

Infuse One Standing Orders:

☑ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature Date

Hypersensitivity reactions can occur after administration of TEZSPIRE. Initiate appropriate treatment as clinically indicated in the event of a hypersensitivity reaction.
Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Decrease corticosteroids gradually, if appropriate.
Treat patients with pre-existing helminth infections before therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until the parasitic infection resolves. Avoid use of live attenuated vaccines.