

Tezspire (tezepelumab-ekko) Injection Orders

Patient Name:	DOB:			Male	
Diagnosis (please provide ICD10 code)					_
□ NKDA Allergies:					_
☐ New Start Therapy ☐ Continuation of Therapy	y Date o	of last dose (if applicable	e):	_
Ordering Provider:					
Provider NPI:	Phone:		Fax:		_
Practice Address:	City:		State:	Zip Code:	_
HISTORY		REQU	IRED LABS		
Previous Drug Therapy History/Therapies Tried and Failed:	:	_	•	Notes, Labs, Tests supp (please attach)	orting
☐ Xolair ☐ Nucala ☐ Cinqair Other: _ Date of last dose:					
TEZSPIRE ORDERS					
DOSING/FREQUENCY:			REFILLS:		
☑ Dose: 210 mg/1.91 mL (110 mg/mL) solution					
Route: subcutaneous injection			(if not indicate) year from d	ated prescription will ex _l ate sianed)	pire one
Frequency: once every four weeks			,	<i>J</i> ,	
Infuse One Standing Orders:					
Provide treatment under Infuse One's Clinical Guidelines, Mand Action Plan for Infusion Reactions.	edication Safety Pr	otocol, Emer <u>c</u>	gency Guideli	nes,	
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,