



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.