

## 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)

#### Sage Infusion Standing Orders:

Provide treatment under Sage Infusion'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.