



Tezepelumab (TEZSPIRE®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Patient Name: _____
Date of Birth: _____
Weight: _____ kg Height: _____ cm
Allergies: _____
Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____

Diagnosis
Diagnosis Code (ICD-10): _____
Indication: _____
Target start date: _____
Lab Orders
No labs required. Labs to be ordered by physician.
[] Other: _____

Pre-medications: No pre-medications are routinely given. Pre-medications may be ordered at physician discretion.
[] Other: _____

Rx Tezepelumab (TEZSPIRE®) 210 mg subcutaneous every 4 weeks

Restricted to patients who have failed omalizumab or dupilumab or insurance requirement.

Reason to override formulary restriction (required):

- [] Omalizumab treatment failure
[] Dupilumab treatment failure
[] Insurance payer requires tezepelumab

Nursing orders:

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy, if necessary
sodium chloride 0.9% bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN;
albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN;
diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner, attending physician required)
Note: This order is valid for 12 months from date of physician signature.