



Tezspire (Tezepelumab-ekko) Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Severe Persistent Asthma, uncomplicated ICD 10 Code: J45.50
- Severe Persistent Asthma with Acute Exacerbation ICD 10 Code: J45.51
- Other: _____ ICD 10 Code: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Tezspire Medication Order

Patient Weight: _____ KG

Dosage – Subcutaneous Injection

210mg

Frequency

Once every 4 weeks

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____