

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

Required Tests

PFTs (within 12 months & attach results)

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 & Progress Notes (including last infusion note)

Copy of Insurance Card (Front/Back)

Location

Eau Claire

Weston

Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____