

# TEZSPIRE ORDER FORM

PLEASE EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO  
REFERRALS@WELLSINFUSION.COM. YOU CAN ALSO FAX IT TO 1-570-9INFUSE (1-570-946-3873)

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_

Patient's height in feet and inches \_\_\_\_\_ Patient's weight in pounds \_\_\_\_\_

## ■ Diagnosis

- J45.50 Severe persistent asthma uncomplicated  J45.52 Severe persistent asthma with status asthmaticus  
 J45.51 Severe persistent asthma with (acute) exacerbation  \_\_\_\_\_

## ■ Details Needed for Approval *Please answer all questions and provide supporting documentation.*

- What type of asthma (allergic, steroid-dependent, eosinophilic, etc) does the patient have? \_\_\_\_\_
- Does the patient have asthma symptoms throughout the day? \_\_\_\_\_
- Does the patient get awoken during the night due to asthma symptoms? \_\_\_\_\_
- Does the patient use SABA for symptom control several times per day? \_\_\_\_\_
- Does the patient have extremely limited normal activities due to severe asthma? \_\_\_\_\_
- What is the patient's lung function as a percent of predicted FEV<sub>1</sub>? \_\_\_\_\_
- Are the patient's exacerbations requiring systemic steroids generally more frequent / intense relative to moderate asthma? \_\_\_\_\_
- Does the patient's asthma get worse when inhaled or systemic steroids are tapered? \_\_\_\_\_
- Will Tezspire be used as an add-on to medium-to-high dose inhaled corticosteroids? \_\_\_\_\_
- Will Tezspire be used in addition to other controller medication (ie. long-acting beta agonist, leukotriene modifier, etc) ? \_\_\_\_\_
- Will Tezspire be prescribed another biologic concurrently with Tezspire? \_\_\_\_\_
- Has the patient had  $\geq 2$  exacerbations in the past year requiring oral or injectable steroid treatment? \_\_\_\_\_
- Has the patient had  $\geq 1$  exacerbation requiring hospitalization in the past year? \_\_\_\_\_
- Does the patient have any history of unacceptable toxicity to Tezspire? \_\_\_\_\_
- Has the patient failed on or contraindication to Xolair, Cinqair, Dupixent, Fasentra or Nucala? \_\_\_\_\_ *If yes, please provide details.*
- Is Tezspire being prescribed for acute bronchospasm or status asthmaticus? \_\_\_\_\_

## ■ Medication Order

Select only one dosage regimen. 28 days of oral medication lead-in to be handled by prescriber and patient's pharmacy separately.

- 210mg/1.91ml Tezspire PFS (tezepelumab-ekko) administered subcutaneously once every 4 weeks for \_\_\_\_\_ months.

Medication shall be brought to room temperature before injection. Administer according to manufacturer instructions. Check vitals and monitor for signs and symptoms before administration and after completion.

## ■ Rescue Management in Case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

## ■ Ordering Provider Authorization

Provider Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Indiv. NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone to Contact Person: \_\_\_\_\_

## Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.