

PATIENT INFORMATION
PATIENT NAME: _____ **PHONE:** _____

DATE OF BIRTH: _____ **SEX:** ☐ M ☐ F **HEIGHT:** _____ **WEIGHT:** _____ ☐ LBS ☐ KG

ALLERGIES: _____ **PREFERRED CLINIC:** _____

REFERRAL STATUS: ☐ NEW REFERRAL ☐ ORDER CHANGE ☐ ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION
☐ J45.50 Severe persistent asthma, uncomplicated

☐ J45.51 Severe persistent asthma with (acute) exacerbation

☐ ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION
☐ Insurance Information

☐ List of Medications

☐ Tried & Failed Therapies

☐ Most Recent History & Physical

☐ Lab results and/or Pulmonary Function Tests to support diagnosis

MEDICATION ORDER
☒ Tezspire® (tezepelumab) 210mg via subcutaneous injection every 4 weeks

COMMENTS: _____

☒ REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE: _____

PROVIDER ATTESTATION OF NEED FOR HCP ADMINISTRATION

INITIALS Patient has experienced severe hypersensitivity reactions to Tezspire within the past 6 months and requires administration and direct monitoring by a healthcare professional.

INITIALS Patient or caregiver are not competent or are physically unable to administer the Tezspire formulation labeled for self-administration.

INITIALS Patient has history of uncontrolled disease and in the clinical opinion of the ordering provider, it is not advisable to try the self-administered formulation of Tezspire.

INITIALS The circumstances and location for self-administration are not adequate for the potential treatment of anaphylaxis.

INITIALS Patient's weight is such that in the clinical opinion of the ordering provider, it is not advisable to try the self-administered formulation of Tezspire.

In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRESCRIBER INFORMATION
PROVIDER NAME: _____ **NPI #:** _____

EMAIL: _____ **PHONE:** _____ **FAX:** _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ **CONTACT NAME:** _____
(IF APPLICABLE)
SIGNATURE: _____ **DATE:** _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN