

TEZSPIRE MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ **Diagnosis** Some insurance carriers require both diagnosis codes below for prior authorization.

- 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 Authorization** 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 FEV1? _____
- 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 ≥ 2 exacerbations in the past year requiring oral or injectable steroid treatment? _____
- Has the patient had ≥ 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? _____

■ **Tezspire (tezepelumab-ekko) Medication Order** Patient's height in ft/in: _____ Patient's weight in lbs: _____

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 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's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

STANDARD 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.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.