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**TEZSPIRE  
 (TEZPELUMAB-EKKO)  
 INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)
- Required labs: CBC with differential

Pt. Weight \_\_\_\_\_ kg

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- Severe Asthma, Adult and Pediatric, 12 years and older (ICD-10: \_\_\_\_\_)
- \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

**TEZSPIRE ORDERS**

**Severe Asthma:**

Tezspire 210mg/1.9 mL subcutaneously every 4 weeks

Monitor patient for \_\_\_\_\_ min post injection

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	