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# Tezepelumab-ekko (Tezspire)

Provider Order Form rev. 09/20/2023

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

- Provide nursing care per IVCare Infusion's Nursing Procedures, including reaction management and post- procedure observation

## THERAPY ADMINISTRATION

- Tezepelumab-ekko** (Tezspire)
  - Dose: 210 mg/1.91 mL (110 mg/mL) solution
  - Route: subcutaneous injection
  - Frequency: once every four weeks
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
 (if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 Provider Name (Print) Provider Signature Date