TEZSPIRE™ (tezepelumab-ekko) Subcutaneous Injection 210 mg

Treatment Site Referral Form

This is an optional form for use when referring your patient to an alternate treatment site.

Dear Doctor/Medical Office: I am referring my patient to you for the administration of TEZSPIRE™ (tezepelumab-ekko) injection

Treatment Site Information

Site Name: _____

Street: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Patient Information

Patient Name: _____ Date of Birth (MM/DD/YYYY): _____ Sex: ☐ Male ☐ Female

Street: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ ☐ Home ☐ Mobile Email: _____ Preferred Language: _____

Legal Guardian/Caregiver Name (Legal Guardian is required if patient is <18 years): _____

Legal Guardian/Caregiver Phone (If different from above): _____ Relationship to the Patient: _____

Patient Insurance Information

Fill out entirely OR fax copies of insurance card(s) (front AND back).

	Primary Medical Insurance	Primary Rx Insurance	Secondary Medical Insurance
Insurance Provider:			
Cardholder Name (if not the patient):			
Group #:			
Policy #:			
RxBIN:	Not Applicable		Not Applicable
RxPCN:	Not Applicable		Not Applicable

Clinical Information

ICD-10-CM Code: ☐ J45.50 Severe persistent asthma, uncomplicated ☐ J45.51 Severe persistent asthma with (acute) exacerbation ☐ Other/Misc: _____

Known Drug Allergies: _____ ☐ History of positive skin or specific IgE (test to perennial aeroallergen)

Absolute Eosinophil Count: _____ cells/mcL Test Date (MM/DD/YYYY): _____

Pre-treatment serum IgE level: _____ IU/mL Test Date (MM/DD/YYYY): _____

Number of severe asthma exacerbations in the past 12 months: _____

Number of ED visits or hospitalizations in the past 12 months: _____

Prescriber Information

Prescriber Name: _____ NPI #: _____

Specialty: _____ Practice/ Clinic Name: _____

Street: _____ City: _____ State: _____ ZIP Code: _____

Office Contact: _____ Phone: _____ Fax: _____

Order or Prescription Information

☐ TEZSPIRE (tezepelumab-ekko) 210 mg/1.91 mL (110 mg/mL) prefilled syringe

Directions: 210 mg/1.91 mL (110 mg/mL) injection SQ every 4 weeks

Refill: _____

Prescriber Signature: _____ Date: _____

You can contact TEZSPIRE™ Together at 1-888-TZSPIRE (1-888-897-7473) or TEZSPIRETogetherHCP.com for insurance verification or questions regarding TEZSPIRE coding/billing, claims submission, and other payer requirements.

Please see Indication and Important Safety Information on page 2, and full Prescribing Information including Patient Information and Instructions for Use.

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INDICATION

TEZSPIRE is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (ie, days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Acute Asthma Symptoms or Deteriorating Disease

TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.

Abrupt Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

It is unknown if TEZSPIRE will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until infection resolves.

Live Attenuated Vaccines

The concomitant use of TEZSPIRE and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving TEZSPIRE.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥3%) are pharyngitis, arthralgia, and back pain.

USE IN SPECIFIC POPULATIONS

There are no available data on TEZSPIRE use in pregnant women to evaluate for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

Full Prescribing Information including Patient Information and Instructions for Use.

You may report side effects related to AstraZeneca products by clicking here.

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