RED RIVER HEALTH
Ambulatory Infusion Clinic

Jonesboro, AR: AICJonesboro@RedRiverRX.com **Fax:** 1-870-558-4101
Texarkana, TX: AICTexarkana@RedRiverRX.com **Fax:** 1-844-547-1957

TEZSPIRE (tezepelumab-ekko) Injection Orders

Patient Name: DOB: ☐ M ☐ F

☐ NKDA Allergies:

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider: Provider NPI:

Practice Phone: Practice Fax:

Diagnosis *(please provide ICD-10 code)*:

☐ _____ Severe Eosinophilic Asthma ☐ _____ _____ *other*

Previous Drug Therapies/Tried & Failed:

☐ Cinqair ☐ Nucala ☐ Xolair ☐ Other: _____ Date of last dose: _____

Pre-Medication:

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ Other: _____

Required Documents:

☑ Patient Demographic Sheet
☑ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*
☑ Blood Eosinophil result & date *(please attach)*

TEZSPIRE ORDERS:

Dosing & Frequency: ☑ 210mg/1.91ml (110mg/ml) SQ every 4 weeks

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Red River Health Standing Orders:

☑ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: Date: