



VANCOUVER CLINIC[®]
ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER
 Attn: Infusion department

Tezepelumab (Tezspire[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Weight: _____ lb/kg Height: _____ inch/cm
 Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
 Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
 Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If labs are not accessible through Epic, please fax a copy of request lab as well (see below).
 Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

Recommended Screening

- FEV1, peak flow, and/or other pulmonary function tests
- Helminth infections: It is unknown if administration of tezepelumab will influence a patient's immune response against parasitic infections. Therefore, patients with preexisting helminth infections should undergo treatment of the infection prior to initiation of tezepelumab therapy. Patients who become infected during tezepelumab treatment and do not respond to antihelminth therapy should discontinue therapy until the infection resolves.

MEDICATIONS:

Tezepelumab (Tezspire[®])

210 mg, subcutaneous, every 4 weeks, next dose due: _____

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245