



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Guidelines for Prescribing (Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

- Include signed and completed **Plan of Treatment**. (MD must complete sections 1-6)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)
- Include patient demographic information and insurance information. (Copy of insurance cards if available)
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy. Include any lab results and/or Pulmonary Function Tests to support diagnosis.**
 - TEZSPIRE is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (IgG2λ), indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.
- If patient is switching biologic therapies such as Fasenna™, Xolair®, Cinqair®, or Nucala®, then MD must specify wash-out period prior to starting **TEZSPIRE™** as specified of _____ weeks. Last known therapy _____ and last known date received _____.
- Other as requested: _____

Warnings & Precautions

- Hypersensitivity Reactions: Hypersensitivity reactions (e.g., rash, allergic conjunctivitis) can occur after administration of TEZSPIRE. Initiate appropriate treatment as clinically indicated in the event of a hypersensitivity reaction. (5.1)• Risk Associated with Abrupt Reduction in Corticosteroid Dosage: Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Decrease corticosteroids gradually, if appropriate. (5.3)• Parasitic (Helminth) Infection: Treat patients with pre-existing helminth infections before therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until the parasitic infection resolves. (5.4)• Vaccination: Avoid use of live attenuated vaccines.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.