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|  <p style="text-align: center;"><b>Oregon Health &amp; Science University<br/>Hospital and Clinics Provider's Orders</b></p> <p style="font-size: small;">PO7071</p>  <p style="text-align: center;"><b>ADULT AMBULATORY INFUSION ORDER<br/>Tezepelumab-ekko (TEZSPIRE)<br/>Injection</b></p> <p style="text-align: center; font-size: x-small;">Page 1 of 2</p> | <p>ACCOUNT NO. _____</p> <p>MED. REC. NO. _____</p> <p>NAME _____</p> <p>BIRTHDATE _____</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p> |
| <b>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.</b>   |  |

**Weight:** \_\_\_\_\_ kg      **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_

**Treatment Start Date:** \_\_\_\_\_      **Patient to follow up with provider on date:** \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with tezepelumab-ekko. Decrease corticosteroids gradually, if appropriate.
3. Treat patients with pre-existing helminth infections before therapy with tezepelumab-ekko. If patients become infected while receiving tezepelumab-ekko and do not respond to anti-helminth treatment, discontinue tezepelumab until the parasitic infection resolves.
4. Avoid use of live attenuated vaccines.

**MEDICATIONS:**

tezepelumab-ekko (TEZSPIRE), 210 mg, subcutaneous, ONCE every 4 weeks, for \_\_\_\_\_ doses.

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER  
**Tezepelumab-ekko (TEZSPIRE)  
Injection**

Page 2 of 2

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

**Please check the appropriate box for the patient's preferred clinic location:**

**Beaverton**

OHSU Knight Cancer Institute  
15700 SW Greystone Court  
Beaverton, OR 97006

Phone number: 971-262-9000  
Fax number: 503-346-8058

**NW Portland**

Legacy Good Samaritan campus  
Medical Office Building 3, Suite 150  
1130 NW 22nd Ave.  
Portland, OR 97210

Phone number: 971-262-9600  
Fax number: 503-346-8058

**Gresham**

Legacy Mount Hood campus  
Medical Office Building 3, Suite 140  
24988 SE Stark  
Gresham, OR 97030

Phone number: 971-262-9500  
Fax number: 503-346-8058

**Tualatin**

Legacy Meridian Park campus  
Medical Office Building 2, Suite 140  
19260 SW 65th Ave.  
Tualatin, OR 97062

Phone number: 971-262-9700  
Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)