

TEZSPIRE® (tezepelumab-ekko) Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Referral

Referral Renewal

DOB:	Patient Name:	Patient Phone:
Patient Address:	Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:
		Last 4 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:
Physician Preferred Method of Contact:	Email:	Fax:	Phone:

NURSING

☒ Infusion to be administered per Vivo protocols.

TEZSPIRE THERAPY ADMINISTRATION

210 mg subcutaneously every 4 weeks

REQUIRED DOCUMENTATION

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25 mg 50 mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Medication List and H&P

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print)

Provider Signature

Date

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679

Michigan: 833-957-2188

New York: 800-540-1852

Texas: 469-340-0044

Connecticut: 203-724-4838

Minnesota: 763-290-0903

Ohio: 216-400-0674

Virginia: 804-500-5941

Florida: 904-930-4211

Nevada: 702-489-5744

Oklahoma: 918-770-4421

Wisconsin: 414-600-5383

Massachusetts: 781-202-1629

New Jersey: 609-955-3711

Pennsylvania: 215-399-9244

Revision Date 4/2025