



# TEZSPIRE TOGETHER ENROLLMENT FORM GUIDE

# Streamlining TEZSPIRE Together Enrollment

TEZSPIRE Together can help your patients start and continue on therapy as prescribed by providing support throughout their treatment journey.

This overview can help you streamline the enrollment process by completing the TEZSPIRE Together Enrollment Program Form and submitting it via **TEZSPIRETogetherHCP.com** or fax to **1-888-388-6016**.

#### **INDICATION**

TEZSPIRE is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus.

#### **IMPORTANT SAFETY INFORMATION**

#### **CONTRAINDICATIONS**

Known hypersensitivity to tezepelumab-ekko or excipients.

#### WARNINGS AND PRECAUTIONS

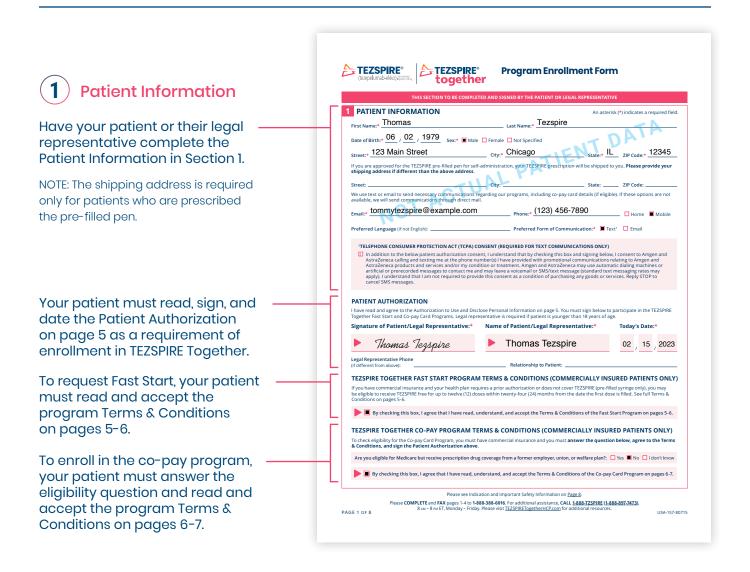
#### **Hypersensitivity Reactions**

Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (ie, days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Please see additional Important Safety Information throughout.









The most frequently missing fields of information are patient consent, Site NPI, and insurance details. Please ensure these fields are complete.

#### **IMPORTANT SAFETY INFORMATION**

#### WARNINGS AND PRECAUTIONS

#### Acute Asthma Symptoms or Deteriorating Disease

TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.







## **Insurance Information**

Check your patient's insurance type and provide both primary medical and pharmacy insurance information.

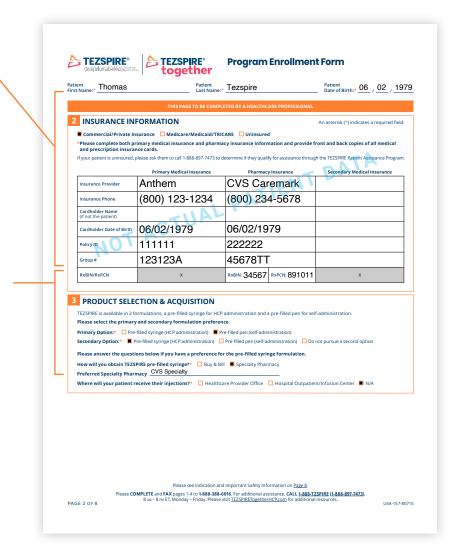
The patient will also be required to provide front and back copies of all insurance cards.



# Product Selection & Acquisition

Check your primary and secondary formulation preference for TEZSPIRE.

- Select TEZSPIRE pre-filled syringe for HCP administration or pre-filled pen for self-administration
- If you are unsure which to select as your primary option, check the TEZSPIRE pre-filled syringe, and TEZSPIRE Together will run a benefit verification to determine the option(s) for your patient
- For pre-filled syringe only, indicate how you plan to obtain TEZSPIRE, via Buy and Bill or through a Specialty Pharmacy





Don't forget to complete the primary medical insurance **and** pharmacy insurance information to avoid processing delays.

#### **IMPORTANT SAFETY INFORMATION**

#### WARNINGS AND PRECAUTIONS

#### **Abrupt Reduction of Corticosteroid Dosage**

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.







### **Program Services**

Check the services you would like TEZSPIRE Together to provide.

- · Benefits Verification
- Transfer to Specialty Pharmacy
- Prior Authorization and Appeals Support
- Co-pay Program\*
- Fast Start Program\*

NOTE: You can always add services at a later date via <u>TEZSPIRETogetherHCP.com</u> or by calling <u>1-888-TZSPIRE</u> (1-888-897-7473)



#### **Clinical Information**

Provide your patient's medical history, including the diagnosis code and known drug allergies.

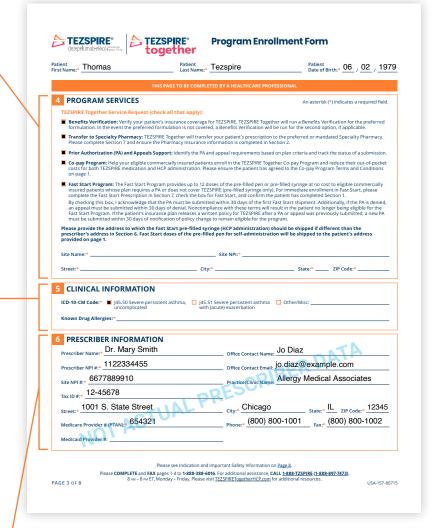
Clinical notes and additional documentation are **NOT** required to process a patient benefit verification. Please **DO NOT** provide anything beyond the information requested of this form as review of clinical documentation sent to TEZSPIRE Together could delay response time back to the office.



#### **Prescriber Information**

Complete the Prescriber Information \_\_\_\_ for your practice, including your primary office contact, in case questions arise regarding a patient's enrollment.

NOTE: If submitting for a Medicare patient, please provide PTAN #. If submitting for a Medicaid patient, please provide Medicaid Provider #.



\*The patient must agree to program Terms & Conditions on page 1. Eligibility criteria and program maximums apply.

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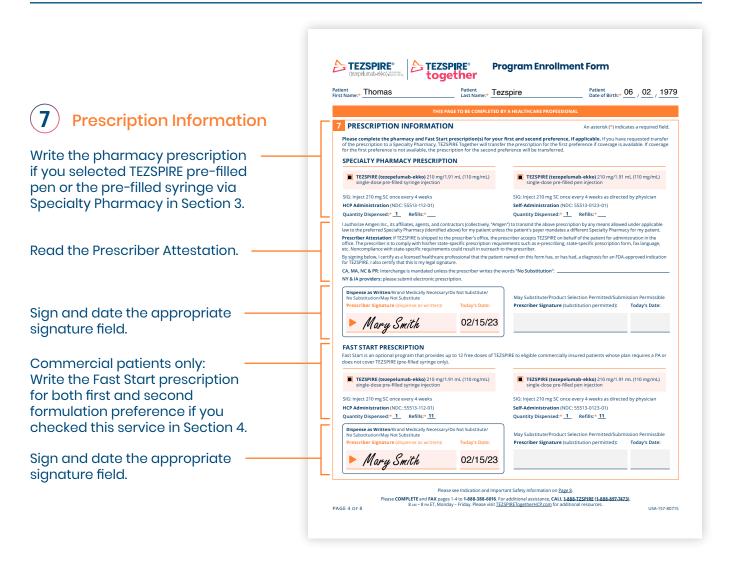
#### WARNINGS AND PRECAUTIONS

#### Parasitic (Helminth) Infection

It is unknown if TEZSPIRE will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until infection resolves.







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Double check the form for any missing information or signatures, and fax pages 1-4 to 1-888-388-6016. Please ensure your patient retains pages 5-7.

# Let's do this Together.

If you have additional questions about TEZSPIRE Together or the enrollment process, connect with a dedicated specialist at <u>TEZSPIRETogetherHCP.com</u> or call **1-888-TZSPIRE** (1-888-897-7473), 8 AM - 8 PM ET, Monday - Friday.

#### **IMPORTANT SAFETY INFORMATION**

#### WARNINGS AND PRECAUTIONS

#### **Live Attenuated Vaccines**

The concomitant use of TEZSPIRE and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving TEZSPIRE.

# IMPORTANT SAFETY INFORMATION

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#### **ADVERSE REACTIONS**

The most common adverse reactions (incidence ≥3%) are pharyngitis, arthralgia, and back pain.

#### **USE IN SPECIFIC POPULATIONS**

There are no available data on TEZSPIRE use in pregnant women to evaluate for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

Full Prescribing Information including Patient Information and Instructions for Use.

You may report side effects related to AstraZeneca products by clicking here.

