PRINCETON
ALLERGY & ASTHMA ASSOCIATES, P.A.

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Tezspire Protocol and Consent

1. **Please be aware that you are responsible for your Tezspire refills and medication being at the office that you wish to receive your injections in. It is your responsibility to call your pharmacy company for refills when necessary and to notify us if we need to contact the insurance company about refills/approval. Please ask the nurse for list of pharmacies.**
2. Your wait times after each injection will be determined by your physician.
3. An office visit with the physician you see in our practice is required every 3-4 months to evaluate how your injections are going. Your Tezspire injection should be scheduled during our injection hours however; it should not be scheduled at peak hours in the evening or on Tuesday afternoons in Skillman.
4. As with all injections, you cannot be given an injection at the time of illness or fever. Please call the office to reschedule your appointment.

CONSENT FOR ADMINISTRATION OF IMMUNOTHERAPY

Authorization of Treatment

I have read the information in this consent form and in the patient information pamphlet provided to me and understand it. The opportunity has been provided for me to ask questions regarding the potential risks of Tezspire therapy, and these questions have been answered to my satisfaction. I understand that precautions consistent with the best medical practice will be carried out to protect me from adverse reactions to this therapy. I do hereby give consent for the patient designated below to be given the therapy (Tezspire injections) over an extended period of time and at specified intervals, as prescribed by Princeton allergy and Asthma. I further hereby give authorization and consent for treatment, from Princeton Allergy and Asthma and the staff, of any reactions that may occur as a result of the injection.
Before receiving Tezspire, please tell Princeton Allergy about all of your medical conditions, including if you:

- Have a parasitic (helminth) infection.
- Are taking oral or inhaled corticosteroid medicines. Do not stop taking your corticosteroid medicines unless instructed by your physician. This may cause other symptoms that were controlled by the corticosteroid medicine to come back.
- If you are pregnant, planning to become pregnant or breast-feeding, Tezspire should not be given.
- Tell your physician about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
- Do not stop taking your other asthma medicines unless instructed to do so by your physician.

TEZSPIRE can cause serious side effects, including:

- Allergy (hypersensitivity) reactions. Serious allergic reactions can happen after you get your Tezspire injection. These include anaphylaxis, angioedema, and rash. Allergic reactions can sometimes happen hours or days after you get a dose of Tezspire. Tell your healthcare provider or get emergency help right away if you have any of the following symptoms of an allergic reaction:
    1. Swelling of your face, mouth, and tongue.
    2. Fainting, dizziness, feeling lightheaded (low blood pressure)
    3. Hives/Rash
    4. Breathing problems
    5. Red, itchy, swollen or inflamed eyes

- The most common side effects of Tezspire include:
    1. Sore throat
    2. Joint pain
    3. Back pain
    4. Injection site reaction

Additional side effects may be viewed online.

<u>Please be sure to verify that we have received your medication 2-3 days prior to your Tezspire appointment. If we have not yet received it, please contact your pharmacy.</u>

Please be aware that you will be charged for a Nurse Visit and administration of injection at each visit. You will be responsible for any copays, deductibles and coinsurance.

Printed Name of Patient: _____Date: _____

Patient/Parent Signature: _____Date: _____

Witness: _____Date: _____

FOR OFFICE USE ONLY:

I certify that I have counseled this patient and/or authorized legal guardian concerning the information in this consent for therapy and that it appears to me that the signee understands the nature, risks, and benefits of the proposed treatment plan.

Physician: _____Date: _____