



Phone: 608-690-7210  
Fax: 608-807-5179  
www.MySmartInfusion.com

# Tepezza (Teprotumumab-trbw) Infusion Order Form

### Location

- Eau Claire     Weston
- Middleton     Onalaska

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

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

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

Thyroid Eye Disease

ICD 10 Code: E05.00

### Required Tests

Clinical Activity Score (CAS) (attach results)  
Pregnancy Test Status & Date: \_\_\_\_\_  
Baseline Auditory Test Date: \_\_\_\_\_

### Required Labs

Most recent CBC & CMP (attach results)  
Thyroid Panel (within 3 months & attach results)

### Pre-Medication Orders

Acetaminophen (Tylenol)     500mg     650mg     1000m PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Methylprednisolone (Solu-Medrol)     125mg IV

Ondansetron (Zofran)     4mg     PO     IV

Other: \_\_\_\_\_ Route: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Tepezza Medication Order

Refill x12 months unless otherwise noted: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ KG

Dosage

- 10mg/kg IV for the initial infusion
- 20mg/kg IV every 3 weeks x 7 doses
- Other

### Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

### Adverse Reaction Management & Nursing Orders

Full protocols are available for review at [mysmartinfusion.com](http://mysmartinfusion.com) or upon request.

<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Administer the following emergency medications per Smart Infusion Therapy Services protocol:<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Acetaminophen 650mg PO,</li><li><input checked="" type="checkbox"/> Diphenhydramine 25mg-50mg PO or IV</li><li><input checked="" type="checkbox"/> Ondansetron 4mg IV</li><li><input checked="" type="checkbox"/> Sodium Chloride 0.9% 1000mL IV</li><li><input checked="" type="checkbox"/> Methylprednisolone 125mg IV</li><li><input checked="" type="checkbox"/> Albuterol Sulfate 2.5mg nebulized</li><li><input checked="" type="checkbox"/> Oxygen 1-6LPM continuous flow</li><li><input checked="" type="checkbox"/> Epinephrine 0.3mg/0.3mL IM</li></ul></li><li><input type="checkbox"/> Other: _____</li></ul>	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Manage VAD per protocol:<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Start/Access and Discontinue PIV/CVC</li><li><input checked="" type="checkbox"/> Flush with NS and/or Heparin per protocol based on line type</li><li><input checked="" type="checkbox"/> Other: _____</li></ul></li></ul>
---	--

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

