

PRESCRIPTION ORDER FORM

TEPEZZA

(teprotumumab-trbw)



215 Pleasant Street, 5th Floor, Fall River, MA 02721
Phone: (508) 567-5666 | Fax: (508) 567-5614

PATIENT DEMOGRAPHICS

Form with fields for Patient Name, Date of Birth, Allergies, Weight, Patient's Phone Number, Address, City, State, Zip, and Patient's Email.

REQUIRED DOCUMENTATION

- List of required documents: Insurance Card, Recent Thyroid Panel, Endocrinologist's Name, History & Physical, Negative Pregnancy Test, Patient Demographics, CAS of 4 or Greater, Ophthalmologist's Name, Medication List.

PRIMARY DIAGNOSIS

- Diagnosis options: E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm, Other.

LAB ORDERS: PLEASE INCLUDE FREQUENCY

- Lab order options: CBC w/ diff & ANC, LFT's at month 2 then every 3 months after, Other.

PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION)

- Pre-medication options: Diphenhydramine, Solu-Medrol, Cetrizine, Solu-Cortef, Tylenol, Pepcid, Other.

PRIMARY MEDICATION ORDER

- Medication order instructions: Patients with pre-existing diabetes should be under appropriate glycemic control before receiving Tepezza. Tepezza 10 mg/kg then 3 weeks following 20 mg/kg IV for seven additional treatments. First two doses over 90 mins subsequent does over 60 mins. First Dose: Y, N, Refill x12 months unless otherwise noted.

LINE USE/CARE ORDERS

- Line use/care order options: Start PIV/ACCESS CVC, Flush device per Suite Life Health's protocol, Other Flush Orders.

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Adverse reaction/anaphylaxis order options: Administer acute infusion reaction and anaphylaxis medications per Suite Life Health's protocol, Other: Please fax other reaction orders if checking this box.

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Form with fields for Provider Name, Address, City, State, Zip, NPI AND License, Office Contact, Phone, Fax, and Email.

Provider Signature

Date