

Tepezza (Teprotumumab-trbw) Infusion Order

Patient Name: _____ Diagnosis (please provide ICD10 code): _____ DOB: _____ Male Female

code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Ordering Provider Name: _____ Date of last dose: _____
 Continuation of Therapy

Provider NPI: _____ Practice Address: **Pre-Medication**

Acetaminophen _____ mg by PO Phone: _____ Fax: _____

Cetirizine _____ mg by PO City: _____ State: _____ Zip Code: _____

Diphenhydramine _____ mg by PO/ IVP

Solu-Medrol _____ mg by PO/ IVP

Solu-Cortef _____ mg by PO/ IVP

Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes with diagnosis and CAS Score
- Labs that include T3 and T4
- Other: _____

Tepezza is a weight based drug:

Patient Height (cm): _____

Patient Weight (kg): _____

Tepezza Order _____

Laboratory Order:

- Blood glucose test before and after every infusion
- Pregnancy test before every infusion

- Dosage
 - 8 infusions: Infusion 1 at 10mg/kg, Infusion 2- 8 at 20mg/kg
- Duration
 - Infusion 1-2 over 90 min
 - Infusion 3-8 over 60 min if well tolerated, otherwise, 90 min
- Saline Bag (based on dosage)
 - Doses <1800 mg, use 100mL 0.9% NaCl solution
 - Doses >1800 mg, use 250mL 0.9% NaCl solution
- Frequency
 - Once every 3 weeks

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400