

# Tepezza



Phone: 386-957-9600

Fax: 386-957-9400

## (Teprotumumab) Infusion Order

### PATIENT INFORMATION:

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Male ☐ Female

DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for treatment: ☐ oral iron intolerance ☐ lack of response to oral iron ☐ Other

Allergies: ☐ NKDA ☐ allergic to \_\_\_\_\_

### DIAGNOSIS:

Fill in IDC-10 Code with diagnosis

☐ Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism) \_\_\_\_\_

☐ Other: \_\_\_\_\_ code: \_\_\_\_\_

Does the patient have documented Thyroid Eye Disease? ☐ yes ☐ No

### PREMEDICATION:

- ☐ acetaminophen 100 mg PO ☐ Diphenhydramine 25 mg PO ☐ Ceterizine 10 mg PO  
☐ Solu Medrol 125 mg IVP ☐ Solu-Cortef 100 mg IVP ☐ Diphenhydramine 25 mg IVP

### REQUIRED TESTING/LABS

- ☐ Clinical/progress notes, labs, tests supporting primary diagnosis attached  
☐ recent labs: CBC, CMP

### TAPEZZA (500mg Vial) DOSING:

- ☐ week 0: \_\_\_\_\_ mg (10 mg/kg) for 90 minutes  
☐ week 3: \_\_\_\_\_ mg (10 mg/kg) for 90 minutes  
☐ Week 6 and on: \_\_\_\_\_ mg (10 mg/kg) for 60-90 minutes  
☐ other \_\_\_\_\_

### FREQUENCY:

- ☐ 1 infusion every 3 weeks for a total of 8 infusions  
☐ Every \_\_\_\_\_ days for \_\_\_\_\_ doses

### ORDERING PROVIDER:

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

Phone: \_\_\_\_\_ fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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