

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information

List of Medications

Tried & Failed Therapies

Most Recent History & Physical

CAS Score

Thyroid Panel

PATIENTS WITH PRE-EXISTING DIABETES SHOULD BE UNDER APPROPRIATE GLYCEMIC CONTROL BEFORE RECEIVING TEPEZZA®

MEDICATION ORDER

Tepezza® (teprotumumab-trbw) in 100 ml – 250 ml NS via IV

Initial Dose:

- _____ mg (10 mg/kg) IV over 90 minutes, followed by

Subsequent Dosing:

- _____ mg (20 mg/kg) IV every 3 weeks for 7 infusions
 - Infusion #2: infused over 90 minutes
 - Infusion #3-8: infused over 60 minutes as tolerated

REFILLS: _____

Patient to be observed for 30 minutes following the first administration. Administer per protocol. In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRE-MEDICATIONS

PO

Acetaminophen: 650 mg

Cetirizine: 10 mg

Diphenhydramine: 25 mg

IV

Methylprednisolone: 125 mg

Diphenhydramine: 25 mg

OTHER: _____ PO IV

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN