Teprotumumab-trbw (Tepezza)

Provider Order Form rev. 08/21/2023

IVX HEALTH

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
(*CMP includes serum blood glucose*)

☐ Finger Stick Blood Glucose
☐ at each dose ☐ every _____ infusion(s)

Hold/call parameters:* _____

**If not included, blood glucose will be assessed per IVX policy.*

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

☑ **Teprotumumab-trbw** (Tepezza) in 0.9% sodium chloride, intravenous infusion
- Dose: (Indicate if patient has received any previous doses.)
  - 10mg/kg for the first infusion
  - 20mg/kg for infusions 2-8
- Frequency: Every 3 weeks, 8 total infusions.
- Administer the first 2 infusions over 90min. Subsequent infusions may be reduced to 60min if well tolerated. If reaction occurs, interrupt or slow the rate of infusion.
- Dilute with 0.9% Sodium Chloride. For doses <1800mg use a 100ml bag. For doses ≥1800mg use a 250ml bag. (Remove equal volume.)

☑ Flush with 0.9% sodium chloride at the completion of infusion
☐ Patient is required to stay for 30-minute observation period
☑ Order is valid for 8 total infusions unless otherwise indicated. (Order will expire one year from date signed)

SPECIAL INSTRUCTIONS

No premedication required. If the patient experiences an infusion reaction consider premedicating with an antihistamine, antipyretic, and/or corticosteroid. TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease.
Hyperglycemia or increased blood glucose may occur in patients treated with TEPEZZA. Monitor patients for elevated blood glucose and symptoms of hyperglycemia while on treatment with TEPEZZA. Patients with pre-existing diabetes should be under appropriate glycemic control before receiving TEPEZZA.

Provider Name (Print) **Provider Signature** **Date**

FAX NUMBERS

☐ AUSTIN: 512-772-2824	☐ CONNECTICUT: 860-955-1532	☐ INDIANAPOLIS: 844-983-2028	☐ NORTH CENTRAL FL: 352-756-4191	☐ RALEIGH: 919-287-2551
☐ BAY AREA: 844-889-0275	☐ DAYTONA: 386-259-6096	☐ JACKSONVILLE: 904-212-2338	☐ NORTH JERSEY: 551-227-2823	☐ SAN ANTONIO: 726-238-9950
☐ CHARLOTTE: 336-663-0143	☐ DELAWARE: 302-596-8553	☐ KANSAS CITY: 844-900-1292	☐ NORTHWEST AR: 888-615-1445	☐ SARASOTA: 941-870-6550
☐ CHICAGO: 312-253-7244	☐ EAST TN: 615-425-7427	☐ LAKELAND: 863-316-3910	☐ ORLANDO: 844-946-0867	☐ SOUTH JERSEY: 856-519-5309
☐ CINCINNATI: 844-946-0868	☐ FT. LAUDERDALE: 754-946-2052	☐ LITTLE ROCK: 501-451-5644	☐ PALM BEACH: 561-768-9044	☐ SOUTHWEST FL: 813-283-9144
☐ COLUMBUS: 844-627-2675	☐ HARRISBURG: 844-859-4235	☐ MIAMI: 786-744-5687	☐ PHILADELPHIA: 844-820-9641	☐ TAMPA: 844-946-0849
	☐ HOUSTON: 832-631-9595	☐ MIDDLE TN: 888-615-1445	☐ PIEDMONT TRIAD: 336-790-2200	☐ WEST TN: 888-615-1445