

# Teprotumumab-trbw (Tepezza)



Provider Order Form rev. 10/12/2022

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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](http://www.ivxhealth.com/forms) (version 09.07.2021)

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
(CMP includes serum blood glucose)  
 Other: \_\_\_\_\_

## 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

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> BAY AREA: 844-889-0275       | <input type="checkbox"/> CHICAGO: 312-253-7244     | <input type="checkbox"/> HARRISBURG: 844-859-4235   | <input type="checkbox"/> PALM BEACH: 561-768-9044   | <input type="checkbox"/> TAMPA: 844-946-0849      |
| <input type="checkbox"/> CHARLOTTE: 336-663-0143      | <input type="checkbox"/> COLUMBUS: 844-627-2675    | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 |
| <input type="checkbox"/> CINCINNATI: 844-946-0868     | <input type="checkbox"/> DAYTONA: 386-259-6096     | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> RALEIGH: 919-287-2551      | <input type="checkbox"/> MIDDLE TN: 888-615-1445  |
| <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> ORLANDO: 844-946-0867      | <input type="checkbox"/> SARASOTA: 941-870-6550     | <input type="checkbox"/> EAST TN: 615-425-7427    |
|   |  |   | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 |   |