

Tepezza (Teprotumumab-trbw) Referral Form



REQUIRED INFORMATION

- ☐ This signed order form from the provider
- ☐ Patient demographics and insurance information
- ☐ Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis (ICD-10 below)
- **Be sure to include Thyroid Labs (TSH, T₃, T₄, free T₃ and T₄ as indicated, Clinical Activity Score (CAS), and HbA_{1c}
- ☐ Documentation of any tried and failed therapies: _____

Patient Name:	DOB:	Weight/Height:
Allergies: ☐ NKA	Patient Phone:	SSN (last 4# required):
Diagnosis: ☐ Thyroid Eye Disease (TED) (ICD-10 _____) Date of Initial TED Diagnosis: _____		
Other Factors: Diabetes? ☐ Yes ☐ No Inflammatory Bowel Disease ☐ Yes ☐ No Hearing Assessed? ☐ Yes ☐ No Pregnant? ☐ Yes ☐ No **Patients with pre-existing diabetes should be under appropriate glycemic control before receiving Tepezza.		
Infusion 1: ☐ Tepezza 10 mg/kg for first IV infusion over 90 minutes, followed by Infusions 2-8 if selected below Infusions 2-8: ☐ Tepezza 20 mg/kg IV every 3 weeks for a total of 8 infusions. Dose #2 over 90 minutes; subsequent infusions #3-8 may be reduced to 60 minutes if tolerated. Dilution as follows: doses < 1800 mg in 100mL of NS and doses ≥ 1800 mg in 250mL of NS. Pre-Medication Orders (optional): ☐ Acetaminophen 650 mg PO OR ☐ Acetaminophen 1000 mg PO ☐ Diphenhydramine 25 mg PO OR ☐ Cetirizine 10 mg PO ☐ Other: _____		
Required routine labs to be drawn by ☐ Infusion Center ☐ Referring Physician Labs: _____ Frequency: _____		
Supply Orders: ☐ Pharmacy to provide all supplies needed to complete therapy as prescribed ☐ May use Burnham's Vital Care flush and catheter maintenance protocol		
Nursing Orders: ☐ Pharmacy to provide nursing services, including vascular access, administration, and line care ☐ May use Burnham's Vital Care anaphylaxis protocol (found on our website)		
Additional Instructions: 		
Practitioner Name:	Practitioner Signature:	Date:
Practitioner Address:		