

Tepezza

(teprotumumab-trbw)



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- 220 Farmington Ave, Farmington, CT 06032

Ph: 203-883-0038 Fax: 203-724-4838

Infusion Order

Patient Name: _____

DOB: ____/____/____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Recent progress Note Thyroid Panel HbA1c (from within 1 year)

**Patients that are categorized as pre-diabetic and diabetic based on baseline HbA1c are to have blood glucose closely monitored and managed by their endocrinologist or PCP before, during, and after initiation of Tepezza therapy.*

PRE- MEDICATION

- Acetaminophen 1000mg PO Solu- Medrol 125mg IVP
- Diphenhydramine 25mg PO Solu- Cortef 100mg IVP
- Cetirizine 10mg PO Diphenhydramine 25mg IVP
- No Pre-med Other: _____

TEPEZZA ORDERS

IV DOSAGE

- First Dose: _____ mg/kg Patient Weight: _____ lbs / kg
- Dose 2 – 8: _____ mg/kg Height: _____ ft _____ in

FREQUENCY

- Every 3 weeks for 8 visits

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____