Teprotumumab-trbw (Tepezza)

Provider Order Form rev. 3/25/2022

IVX HEALTH

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
☐ NKDA Allergies:		Weight lbs/kg:
Patient Status: ☐ New to Therapy	☐ Continuing Therapy	Next Due Date (if applicable):

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 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
☐ Patient is NOT required to stay for observation time
☑ 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

☐ CHICAGO: 312-253-7244	☐ INDIANAPOLIS: 844-983-2028	☐ PHILADELPHIA: 844-820-9641	☐ WEST TN/AR: 888-615-1445
☐ COLUMBUS: 844-627-2675	☐ JACKSONVILLE: 904-212-2338	☐ RALEIGH: 919-287-2551	☐ MIDDLE TN: 888-615-1445
☐ BAY AREA: 844-889-0275	☐ DAYTONA: 386-259-6096	☐ KANSAS CITY: 844-900-1292	☐ SARASOTA: 941-870-6550	☐ EAST TN: 615-425-7427
☐ CHARLOTTE: 336-663-0143	☐ HARRISBURG: 844-859-4235	☐ ORLANDO: 844-946-0867	☐ SOUTHWEST FL: 813-283-9144	
☐ CINCINNATI: 844-946-0868	☐ HARTFORD: 860-955-1532	☐ PALM BEACH: 561-768-9044	☐ TAMPA: 844-946-0849	