

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
Primary Language: _____ Allergies: _____
Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

E05.00 Thyrotoxicosis with Diffuse Goiter
without Thyrotoxic Crisis or Storm
Other: _____

Prescribing Information

Patient with pre-existing diabetes should be under appropriate glycemic control before receiving Tepezza.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

Pre-Medications

Cetirizine: 10 mg PO
 Diphenhydramine: 25 mg PO
 Diphenhydramine: 25 mg IVP
 Methylprednisolone: 125 mg SIVP
Other: _____

Tepezza (teprotumumab-trbw)

Total volume of 100 mL of 0.9% Sodium Chloride for doses <1800 mg or 250 mL for doses ≥1800 mg

Loading Dose:

IV: Infuse 10 mg/kg as a single dose over 1 hour and 30 minutes

Maintenance Dose:

IV: Infuse 20 mg/kg as a single dose over 1 hour and 30 minutes every 3 weeks for 7 infusions (infusions 3-7 over 60 minutes, if tolerated)

Patient Weight: _____ lbs or _____ kg

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30 minutes following the first infusion.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____