

TEPEZZA

(teprotumumab-trbw)



PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card • History & Physical • Patient Demographics • Medication List • Recent Thyroid Panel • Neg Pregnancy Test
- CAS Score: _____ • Patient Ethnicity (can affect proptosis requirements): _____
- Endocrinologist's Name: _____ • Ophthalmologist's Name: _____

PRIMARY DIAGNOSIS

- E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

LAB ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

*HgbA1c will be drawn at baseline and every 3 months while on therapy, per FlexCare protocol (no cost to payor or patient).

PRE-MEDICATIONS

- Per infusion clinic protocol: No recommended standard pre-meds for Tepezza
- Provider Prescribed: _____

PRIMARY MEDICATION ORDER

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

- Tepezza 10mg/kg (_____ mg) IV once followed by 20mg/kg (_____ mg) IV every 3 weeks for seven additional treatments
- Other: _____

First Dose: Y N Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion reaction and anaphylaxis medications per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature _____

Date _____