

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**REFERRAL STATUS**

New Referral       Dose or Frequency Change       Order Renewal  
 Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_ Line type:  PIV  PICC  Port  Other

**DIAGNOSIS AND ICD-10 CODE**

Thyroid Eye Disease      ICD-10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_      ICD-10 Code: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

This signed order form by the provider       H&P and Clinical/Progress notes supporting primary diagnosis  
 Patient demographics AND insurance information       Labs and Tests supporting primary diagnosis

**MEDICATION ORDERS**

|                    |  |
|--------------------|--|
| Initial dose       | <input type="checkbox"/> Tepezza 10 mg/kg IV x 1 dose                |
| Maintenance Dosing | <input type="checkbox"/> Tepezza 20 mg/kg IV every 3 weeks x 7 doses |

Infuse first 2 infusions over 90 min. Infuse subsequent infusions over 60 min if well tolerated.

Refills\*:  X 6 months     X 1 Year     Other: \_\_\_\_\_

\*(if not indicated, order will expire 1 year from date signed)

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline  
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration  
 RN to flush and lock VAD/CVAD per company protocol  
 Other: \_\_\_\_\_

**PREMEDICATION ORDERS**

Acetaminophen 650mg PO prior to infusion       Other: \_\_\_\_\_  
 Diphenhydramine 25mg PO prior to infusion       Other: \_\_\_\_\_

**EMERGENCY MEDICATIONS**

Administer the following medications as needed for infusion-related reactions per company protocol:

**Adults (weight >40kg):**

Diphenhydramine 25mg-50mg PO  
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins  
 Acetaminophen 325mg-650mg PO  
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.3mg IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive  
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

**Pediatrics (weight <40kg): (may adjust with weight changes)**

Diphenhydramine 25mg PO  
 Diphenhydramine 25mg slow IV push over 2-5 mins  
 Acetaminophen 325mg PO  
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_