

# Tepezza® (Teprotumumab-trbw) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.  
**Fax completed form, insurance information and clinical documentation to 414-260-7368.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_  inches  cm Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description: \_\_\_\_\_ ICD-10 Code: E05.00 ICD-10 Codes: \_\_\_\_\_

## Tepezza® (Teprotumumab-trbw) Prescription

### Tepezza® (Teprotumumab-trbw)

Froedtert Specialty Infusion to initiate services beginning with Dose No. \_\_\_\_\_ as indicated below:

Dose 1: Infuse 10 mg/kg IV over 90 minutes, then 3 weeks later...

Dose 2: Infuse 20 mg/kg IV over 90 minutes, then 3 weeks later...

Dose 3 through 8: Infuse 20 mg/kg IV over 60 to 90 minutes (as tolerated by patient) every 3 weeks x 6 doses.

Dispense quantity sufficient of Tepezza® 500 mg single dose vials for each dose.

Withdraw calculated dose from vial and discard any unused vial contents.

## Ancillary Orders

### Anaphylaxis Orders

Treat per Froedtert Home and Specialty Infusion protocol.

### Pre-Medication Orders

Acetaminophen 650 mg PO 30 min before infusion. Patient may decline.

Diphenhydramine 25 mg PO 30 min before infusion. Patient may decline.

Other: \_\_\_\_\_

**IV Access and Flush Orders:** RN to access and monitor venous infusion line as indicated below:

Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.

Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab

### Lab Orders

No labs ordered at this time.

Other: \_\_\_\_\_

**Skilled nurse to assess and administer via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.**

**I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ NPI \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Contact \_\_\_\_\_



Original - Medical Records

**Froedtert Home and Specialty Infusion**  
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Menomonee Falls, WI 53051  
**262-532-5040**