

Teprotumumab-trbw

Treatment Location: Dublin, OH Lancaster, OH

**PROVIDERS: Please include the following to expedite the order:**

Patient Demographics, Most Recent Office Visit Notes, Insurance Information, CAS Score, Recent Labs: Thyroid Panel (Free T3, Free T4, TSH)

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: Patient Name: Patient Phone: DOB:

ICD-10 code (required):  E05.00 ICD Description:

Allergies: Weight (lbs/kg): Height:

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

## NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio

## THERAPY ADMINISTRATION

- Tepezza Intravenous Infusion  
Dose:  
Infusion 1: 10mg/kg  
Infusions 2 through 8: 20mg/kg  
Frequency: Every 3 weeks, 8 infusions total
- Order is valid for 8 total infusions unless otherwise indicated. (Order will expire one year from date signed.)

*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.*

## PRE-MEDICATION ORDERS

*Pre-Medications not usually indicated.*

- Diphenhydramine  25mg /  50mg  PO /  IV  
 Acetaminophen  500mg /  650mg /  1000mg PO  
 Methylprednisolone  40mg /  125mg IV  
 Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

Provider Name (Print) Provider Signature Date

- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.