

TEPEZZA (teprotumumab)

Status	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
Diagnosis	<input type="checkbox"/> ICD 10 Code: E05.00 Thyrotoxicosis with diffuse goiter <input type="checkbox"/> ICD 10 Code: _____ Other: _____			
Pertinent Medical Hx	Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____			
Labs	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician If Infusion Clinic: _____			
Premeds	<input type="checkbox"/> No premeds necessary <input type="checkbox"/> acetaminophen (Tylenol) <input type="checkbox"/> 500mg / <input type="checkbox"/> 650mg / <input type="checkbox"/> 1000mg PO <input type="checkbox"/> cetirizine (Zyrtec) 10mg PO - OR - <input type="checkbox"/> diphenhydramine (Benadryl) 25mg PO <input type="checkbox"/> other: _____			
Medication Order	Tepezza 10mg/kg x 1 dose, then 20mg/kg every 3 weeks for 7 additional doses.			
Monitoring	Monitor for signs/symptoms of hypersensitivity during injection and 30 mins post-injection. For any signs of infusion reaction: Contact on-site provider for instruction.			
Additional Orders	 			
Physician Information	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
○ Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
○ Clinical / Progress Notes , supporting primary diagnosis:	- 2 most recent office notes - Medication history
○ Most Recent Labs :	- CBC and CMP

FAX to (480) 400-6121
 Intake Specialist (480) 927-3800
referral@infuseablecare.com