



**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Patient Contact #: \_\_\_\_\_

**Medical Assessment**

Diagnosis (ICD-10):

- E05.00 – Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)
- Other: \_\_\_\_\_

Clinical Activity Score (CAS): \_\_\_\_\_ Date of Thyroid Eye Disease Diagnosis: \_\_\_\_\_

Failed Medications: \_\_\_\_\_

**\*\*Please include a demographics page, front and back of an insurance card, any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis\*\***

**Allergies:** \_\_\_\_\_

**Pre-Medication Orders:**

- APAP  325mg  500mg  650mg - PO 30 minutes before infusion.
- Diphenhydramine  25mg  50mg – PO 30 minutes before infusion.  
 25mg IVP  50mg IVP
- Alternate Oral Antihistamines:  Cetirizine 10mg  Loratadine 10mg  Fexofenadine 60mg or  180mg
- Methylprednisolone  40mg IVP  125mg IVP or other \_\_\_\_\_ mg IVP
- Famotidine  20mg PO  40mg PO  20mg IVP  40mg IVP
- Ondansetron  4 mg IVP  4 mg PO

**Labwork:** Blood glucose test every \_\_\_\_\_ infusion(s). Other labs (e.g., thyroid, pregnancy): \_\_\_\_\_

To be Drawn by:  Infusion Clinic  Referring Provider

**Medication**                      **Patient’s Current Weight:** \_\_\_\_\_

**Tepezza (*teprotumumab-trbw*)**

**Duration:**

1 infusion every 3 weeks for a total of 8 infusions. Administer the first 2 infusions over 90 minutes. Subsequent infusions may be reduced to 60 minutes, if tolerated.

**Week 0:** Tepezza  
\_\_\_\_\_ mg (10mg / kg) – 21-day supply

**Week 3:** Tepezza  
\_\_\_\_\_ mg (20mg / kg) – 21-day supply

**Refills:** \_\_\_\_\_

**Physician Prescription Orders**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic Contact: \_\_\_\_\_

**NPI #** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_