

## Tepezza (Teprotumumab) Order Form – J3241

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

### Tepezza dosing:

10 mg/kg IV on day 1, followed 3 weeks later by 20 mg/kg IV every 3 weeks for 7 additional doses.

### \*Check all that apply\*

Tepezza 10mg/kg (Initial Dose x 1):

Tepezza 20 mg/kg (Every 3 weeks x 7 doses starting 3 weeks after initial dose):

Pre-medications (only in the event of prior infusion reaction)

acetaminophen PO 1000mg

cetirizine 10mg PO

dexamethasone 10mg IV

Orders valid through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Tepezza administration:

- 1st infusion (10mg/kg): 90 minutes
- 2nd infusion (20mg/kg): 90 minutes
- 3-8th infusion (20mg/kg): 60 minutes if previously well tolerated. (If not previously tolerated, infusion duration should remain over at least 90 minutes)

\* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_