NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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Tepezza (Teprotumumab) Order Form—J3241

Patient Name | Middle | Last | 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 10 mg/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 1,000 mg
  - ◯ cetirizine 10 mg PO
  - ◯ dexamethasone 10 mg IV

Orders valid through: _____

Tepezza administration:

- 1st infusion (10 mg/kg): 90 minutes
- 2nd infusion (20 mg/kg): 90 minutes
- 3-8th infusion (20 mg/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