

Tepezza Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: None

Infusion Therapy:

Tepezza (teprotumumab-trbw) 10mg/kg _____ IV (Initial Dose x 1)

Tepezza (teprotumumab-trbw) 20mg/kg _____ IV (Maintenance Dose x 7)

Frequency: every 3 weeks x 8 doses

ICD 10 code: _____

Pre-Meds: Administer 30 minutes prior to Tepezza

Acetaminophen 650 mg PO x 1

Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)

Cetirizine 10mg PO x 1

Loratadine 10 mg PO x 1

SoluMedrol 125 mg IV x 1

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

Additional Orders

Special Instructions:

- Infusion length of the first 2 infusions: 90 minutes, Infusion length of the last six doses: 60 minutes
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if signs and symptoms of reaction noted.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: