

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Last Infusion: \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Infusion Location: (state and site) \_\_\_\_\_

## TEPEZZA® (teprotumumab-trbw) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

\_\_\_\_\_ Thyroid Eye Diseases \_\_\_\_\_ Other: \_\_\_\_\_  
 (ICD-10) (ICD-10)

- Hold infusion and notify provider for
  - Abnormal vital signs or chance of pregnancy
  - Worsening IBD
  - Signs/symptoms of hyperglycemia (increased thirst, headaches, blurred vision, frequent urination, weight loss, dry mouth, confusion, SOB, sweet-smelling breath)
  - \*No POC glucose testing will be performed in infusion clinic\*
  - \*No POC pregnancy testing will be performed in infusion clinic\*
- Monitor for hearing loss, assess hearing impairment
- If infusion-related reaction occurs, stop infusion follow Hypersensitivity Reaction Management Protocol as clinically indicated

### Dosing, Mixing and Administration:

- |   |
|---|
| <input type="checkbox"/> First Dose: Administer TEPEZZA 10 mg/kg IV x (current weight) _____ kg = _____ mg x 1 dose<br><input type="checkbox"/> Subsequent Doses (2-8): TEPEZZA 20mg/kg IV x (current weight) _____ kg = _____ mg x 7 doses |
| <input type="checkbox"/> Doses up to 1800mg mix in NS to final volume of 100ml<br><input type="checkbox"/> Doses greater than 1800mg, mix in NS 250ml   |

Infuse over 90 mins for the first 2 doses. If patient tolerates well, all future infusions can infuse over 60mins  
 Record vitals before, during and after each infusion. (every 30mins)

Frequency (chose one):

- ☐ Every 3 weeks (8 infusions total)  
☐ Every \_\_\_\_\_ weeks

Additional Orders:

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_