

# Tepezza™ (teprotumumab-tbrw) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per VIVO protocols.

## LABORATORY ORDERS

- CBC at each dose every \_\_\_\_\_
- CMP at each dose every \_\_\_\_\_
- CRP at each dose every \_\_\_\_\_

\*\*Vivo Infusion will perform pregnancy screening prior to every infusion per Vivo policy

## PREMEDICATIONS

- acetaminophen (Tylenol) 500mg 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg 50mg PO IV
- methylprednisolone (Solu-Medrol) 40mg 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

## TEPEZZA THERAPY ADMINISTRATION

**Initial Dosing:** Infusion #1: 10mg/kg (second infusion 3 weeks after initial) Infusion #2 to #8: 20mg/kg every 3 weeks

**Second Course of Therapy:** Infusion #1: 10mg/kg (second infusion 3 weeks after initial) Infusion #2 to #8: 20mg/kg every 3 weeks

## REQUIRED DOCUMENTATION

- Patient Demographics
- Clinical Activity Score (CAS)
- Insurance Card/Information
- Thyroid Panel with TSH
- Progress Notes Supporting DX
- HbA1C (if available)
- Current Medication List and H&P
- Free T3 and Free T4

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)

Provider Signature

Date

Fax Numbers	Nevada: 702-489-5744	Massachusetts: 203-724-4838	<b>Have a Question? (720) 902-4111</b> <b>Email Referrals To: <a href="mailto:referrals@vivoinfusion.com">referrals@vivoinfusion.com</a></b>
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 203-724-4838	
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838	

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