

## Infusion Order

**Note:** This form is being provided as a guide. Prescribers should use their clinical judgment when completing. Some facilities prefer to use their own infusion order form. Check with your patient's facility before writing your infusion order.

Patient Information			
Patient name:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: kg
Phone number:		Email:	
Allergies:		ICD-10 code:	
Is the patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the patient have a history of IBD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name:		Phone number:	
Please attach: 1. List of current medications, 2. Copy of the patient's insurance card, 3. Clinical progress notes and history and physical (H&P) to support diagnosis, and 4. Relevant labs.			
Physician Information			
Prescribing physician's name:		Practice name:	
Phone number:		Fax number:	
Email:		Office contact:	
Co-managing physician name:		Phone number/email:	
Medication Order			
<b>Medication:</b> TEPEZZA (teprotumumab-trbw)			
<b>Dose:</b> Infusion 1: _____ mg (10 mg/kg)      Infusions 2 to 8: _____ (20 mg/kg)			
<b>Duration:</b> Administer the first 2 infusions over 90 minutes. Subsequent infusions may be reduced to 60 minutes if well tolerated (see note below for additional information).			
<b>Saline bag:</b> Administer via an infusion bag containing 0.9% Sodium Chloride Solution, USP. For doses <1800 mg, use a 100-mL bag. For doses ≥1800 mg, use a 250-mL bag.			
<b>Schedule:</b> Q3 weeks, 8 infusions total		<b>Pretreatment medications:</b> _____	
<b>Preferred start date:</b> _____		<b>Note:</b> TEPEZZA does not require a specific protocol for premedications; follow your facility protocol. If the patient experiences an infusion reaction, consider premedication for subsequent doses (see note below for additional information).	
<b>Notes:</b>			
<input type="checkbox"/>	If an infusion reaction occurs, interrupt or slow the rate of infusion and use appropriate medical management. For subsequent infusions, slow infusion to 90 minutes and consider premedicating with an antihistamine, antipyretic, and/or corticosteroid. Follow your facility protocol and notify the prescriber.		
<input type="checkbox"/>	Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting, and/or dressing changes.		
<input type="checkbox"/>	Share post-infusion chart notes with the prescriber.		
<input type="checkbox"/>	Other notes: _____		
Lab Orders			
<b>Standing labs:</b>			
• Blood glucose test every _____ infusion(s)			
• Other labs (e.g. thyroid, pregnancy): _____			
<input type="checkbox"/> Share lab results with co-managing physician.			
<b>Physician signature:</b> _____			
If using this as an order form, must fill out with signature.			
<b>Please see Important Safety Information on next page and accompanying Full Prescribing Information.</b>			

## Infusion Order Guide

This guide is designed to familiarize you with the process of writing an infusion order.

- Some infusion facilities prefer to use their own infusion order forms. Check with your patient's facility before writing your infusion order.

### Patient Information

- This information enables the clinic to contact the patient and initiate or confirm insurance authorization
- Include the patient's preexisting conditions (e.g. diabetes, inflammatory bowel disease) to inform monitoring requirements
  - Patients with preexisting diabetes should be under appropriate glycemic control before receiving TEPEZZA
  - Monitor patients with preexisting inflammatory bowel disease (IBD) for flare-up of the disease

### Diagnosis

- Orders must include a valid ICD-10 diagnosis code that is verified by the patient's medical records
- Thyroid Eye Disease (TED) does not have a specific ICD-10 code. Therefore a combination of codes may be required to support your patient's diagnosis
- Consider using a primary code, such as hyperthyroidism, and additional secondary codes pertaining to the signs and symptoms of TED, such as proptosis or orbital pain

### Medication Order

- Determine the dose based on the patient's weight.<sup>1</sup> A Dosing Calculator is available at [TEPEZZAhcp.com](http://TEPEZZAhcp.com)
  - Infusion 1: 10 mg/kg
  - Infusions 2 to 8: 20 mg/kg

### Lab Orders

- Monitor patients for elevated blood glucose levels and symptoms of hyperglycemia while on treatment with TEPEZZA<sup>1</sup>
- Identify any additional lab work (e.g. thyroid, pregnancy)
- Determine how often testing should be performed based on your clinical experience

**Please see Important Safety Information on reverse and accompanying Full Prescribing Information.**

The sample infusion order form can be downloaded from the Resource Library at [TEPEZZAhcp.com](http://TEPEZZAhcp.com)



## INDICATION

TEPEZZA is indicated for the treatment of Thyroid Eye Disease.

## IMPORTANT SAFETY INFORMATION

### Warnings and Precautions

**Infusion Reactions:** TEPEZZA may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with TEPEZZA. Reported infusion reactions have usually been mild or moderate in severity. Signs and symptoms may include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache, and muscular pain. Infusion reactions may occur during an infusion or within 1.5 hours after an infusion. In patients who experience an infusion reaction, consideration should be given to premedicating with an antihistamine, antipyretic, or corticosteroid and/or administering all subsequent infusions at a slower infusion rate.

**Preexisting Inflammatory Bowel Disease:** TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of TEPEZZA.

**Hyperglycemia:** Increased blood glucose or hyperglycemia may occur in patients treated with TEPEZZA. In clinical trials, 10% of patients (two-thirds of whom had preexisting diabetes or impaired glucose tolerance) experienced hyperglycemia. Hyperglycemic events should be managed with medications for glycemic control, if necessary. Monitor patients for elevated blood glucose and symptoms of hyperglycemia while on treatment with TEPEZZA. Patients with preexisting diabetes should be under appropriate glycemic control before receiving TEPEZZA.

### Adverse Reactions

The most common adverse reactions (incidence  $\geq 5\%$  and greater than placebo) are muscle spasm, nausea, alopecia, diarrhea, fatigue, hyperglycemia, hearing impairment, dysgeusia, headache, and dry skin.

For additional information on TEPEZZA, please see accompanying Full Prescribing Information.

Reference: 1. TEPEZZA (teprotumumab-trbw) [prescribing information] Horizon.



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