

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F
 Ht: _____ WT: _____ lbs / kg Primary Language: _____ Allergies: _____
Patient Preferred Location: Staten Island West Harrison Manhattan New Paltz Bronx Syosset
 Port Jefferson Millburn Brooklyn Heights Paramus

<ICD 10 CODE REQUIRED> DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)
 E05.00 _____
 Other: _____

Prescribing Information
 Patient with pre-existing diabetes should be under appropriate glycemic control before receiving Tepezza.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy. Please provide TSH, T3, T4 and CAS

PRESCRIPTION

Pre-Medications Tylenol 650mg PO Benadryl 25mg IVP Pepcid 20mg IVP
 Zyrtec 10mg PO Benadryl 50mg PO Solu-medrol 125mg IVP
 Claritin 10mg PO Benadryl 50mg IVP Solu-medrol 250mg IVP
 Benadryl 25mg PO Pepcid 20mg PO Solu-medrol 500mg IVP
 Other: _____

Pre Labs: CBC Iron Panel
 CMP Vitamin D
 CRP Other _____
 ESR

Tepezza (teprotumumab-trbw)
Loading Dose: IV: Infuse 10 mg/kg as a single dose
Maintenance Dose: (SELECT ONE) IV: Infuse 20 mg/kg every 3 weeks for 7 infusions

In the event of an adverse reaction at a Specialty Infusion center, the adverse reaction protocol will be utilized.
Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____
 Supervising Provider (if applicable) _____
 Date: _____ NPI#: _____ Specialty: _____
 Practice Name: _____ (If Applicable)
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____