



Conveniently Located in East Syracuse, Onondaga Hill & Auburn

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**Tepezza (teprotumumab-trbw) Non-Oncology Treatment Order Set**

1. Patient Name: \_\_\_\_\_

2. DOB: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

**3. Diagnosis:**

E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

Other ICD-10 Code: \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

*HOACNY will obtain authorization for drug administration prior to scheduled infusion. If HOACNY is unable to obtain insurance authorization due to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able to administer the medication.*

**4. Pre-medications:**

Acetaminophen:  1000mg PO  500mg PO

Diphenhydramine:  25mg PO  50mg PO  25mg IV  50mg IV

Dexamethasone: 10mg IV

Hydrocortisone: 100mg IVP

Other Pre-medication: \_\_\_\_\_

No Pre-medications indicated

**5. Drug Order:**

**Tepezza (teprotumumab-trbw)** *Ok to substitute with generic/biosimilar*

Initial dose 10mg/kg IV one time, then 20mg/kg IV every 3 weeks for 7 doses (total of 8 infusion to be given)

Special Instructions: \_\_\_\_\_

New to Therapy

Continuing therapy: Last Dose Received \_\_\_\_\_ Next Dose Due \_\_\_\_\_

*HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral*

**6. Infusion Lab Requirements:**

HOA RN to obtain Glucose Finger stick DAY OF INFUSION; hold therapy for result >250 & notify prescriber before proceeding

NO glucose finger stick monitoring by HOA RN needed prior to infusion

CBC & CMP within 2 weeks prior to infusion

Other: \_\_\_\_\_

No lab monitoring indicated

*HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION (except for finger stick glucose monitoring per infusion policy if ordered by referring prescriber above). The prescribing physician is otherwise responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above.*

**7. Required Baseline Lab/Testing have been completed:**

Clinical Activity Score (CAS) \_\_\_\_\_ (please attach clinical documentation)  CBC/CMP, date: \_\_\_\_\_

**8. Patient Assistance & REMS Program Enrollment**

Yes, patient has been enrolled in \_\_\_\_\_ program. (Provide Copy Enrollment Forms)

No, patient has not been enrolled in any programs.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This drug administration order form is valid for 12 months)*