ADVANCED
INFUSION CENTER

Tepezza Infusion Order Form

Patient Name: _____ Date: _____

Primary Diagnosis Description: Thyroid eye disease ICD 10 Code E05.0 Weight: _____

Medication Order: Advance Infusion to initiate services beginning with Dose No. ___ as indicated below.

- Dose 1: Infuse 10 mg/kg IV over 90 minutes, then 3 weeks later.
- Dose 2: Infuse 20mg/kg IV over 90 minutes, then 3 weeks later.
- Dose 3 through 8: Infuse 20 mg/kg IV over 60 to 90 minutes (as tolerated by patient) every 3 weeks x 6 doses.

Pre-Medications:

__ Acetaminophen 650 mg po 30 minutes before start of infusion

__ Diphenhydramine 25 mg po 30 minutes before start of infusion

__ Other: _____

Lab Orders: _____

If hypersensitivity infusion related reaction occurs:

- Stop Tepezza and start normal saline at 100 ml/hr.
- Give Solu-Medrol 125 mg IVP.
- Give Benadryl 50 mg IVP.
- Call physician before restarting Tepezza.

For Anaphylaxis:

- Epinephrine 1:1000 (1mg/ml), 0.5mg SQ, repeat twice at 20-minute intervals.
- O2 by nasal canula @ 2-5 L/min prn chest pain or dyspnea
- Call 911

Physician signature: Date:

Physician name (printed): Phone number:

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