Tepezza Order Form

Tele: (877) 246-9104
Fax: (800) 783-9146

WWW.Biotekrx.com

PATIENT INFORMATION	PHYSICIAN INFORMATION
Patient Name: _____	Name: _____
Address: _____	Specialty: _____
City, State, Zip: _____	DEA: _____ NPI: _____
Phone: _____ Alt Phone: _____	Address: _____
DOB: _____ Gender: ☐ Male ☐ Female	City, State, Zip: _____
Weight: _____ kg	Phone: _____ Fax: _____

INSURANCE INFORMATION: Please copy and attach the front and back of insurance and prescription card	
Primary Insurance:	RX Card (PBM):
City, State, Zip:	BIN: PCN:
Member ID#: Phone:	City, State, Zip:
Plan#: Group#:	Plan#: Group#:

DIAGNOSIS / CLINICAL INFORMATION

Primary Diagnosis:

☐ E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)

☐ Other: _____

Additional disease manifestation codes: _____

List of patient's current medication(s): _____

Allergies: _____

Does the patient have documented Thyroid Eye Disease? ☐ Yes ☐ No

Does the patient have a history of IBD? ☐ Yes ☐ No

Does the patient have diabetes? ☐ Yes ☐ No

* Patients with preexisting diabetes should be under appropriate glycemic control before receiving Tepezza.

PRESCRIPTION / ADMINISTRATION

Medication: Tepezza for injection for intravenous use // 500mg vial

Duration: 1 infusion every 3 weeks for a total of 8 infusions. Administer the first 2 infusions over 90 minutes. Subsequent infusions may be reduced to 60 minutes if well tolerated.

Dose: Week 0: _____mg (10 mg/kg) – 21 day supply; 1 prescription; no refill
Week 3: _____mg (20 mg/kg) – 21 day supply; 1 prescription; 6 refills; q3wk

Fluid administration: Reconstitute each vial with 10mL of sterile water for injection, USP. Administer via an infusion bag containing 0.9% Sodium Chloride Solution, USP. For doses <1800mg, us a 100mL bag. For doses ≥1800mg, use a 250mL bag.

Anaphylaxis

☐ Diphenhydramine 50 mg IV push - Administer over at least 2 minutes as needed for mild to moderate infusion reaction.

☐ Solu-Medrol 125 mg IV push - Administer over 3-5 minutes as needed for moderate to severe infusion reaction.

☐ Epinephrine 0.3 mg (0.3 ml) - For adults over 30 kg - Administer 0.3 mg by intramuscular injection as needed for signs / symptoms of anaphylaxis. May repeat dose after 5-10 minutes if necessary.

☐ Other: _____

SIGNATURE

x: _____ Date: _____

Product Substitution Permitted

Fax completed form to: (800) 783-9146 - Thank you for using BioTek reMEDys®