

PATIENT INFORMATION		PHYSICIAN INFORMATION	
Patient Name: _____		Name: _____	
Address: _____		Specialty: _____	
City, State, Zip: _____		DEA: _____ NPI: _____	
Phone: _____ Alt Phone: _____		Address: _____	
DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:			
<input type="checkbox"/> E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)			
<input type="checkbox"/> Other: _____			
Additional disease manifestation codes: _____			
List of patient's current medication(s): _____			
Allergies: _____			
Does the patient have documented Thyroid Eye Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the patient have a history of IBD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the patient have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> 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, use a 100mL bag. For doses ≥1800mg, use a 250mL bag.			
Anaphylaxis			
<input type="checkbox"/> Diphenhydramine 50 mg IV push - Administer over at least 2 minutes as needed for mild to moderate infusion reaction.			
<input type="checkbox"/> Solu-Medrol 125 mg IV push - Administer over 3-5 minutes as needed for moderate to severe infusion reaction.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Other: _____			
SIGNATURE			
X: _____		Date: _____	
Product Substitution Permitted			

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