



Houssam Al Kharrat  
Gastroenterology

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# TAPEZZA (teprotumumab-trbw) Infusion orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Phone #1 : \_\_\_\_\_ (H/W/C) Phone #2: \_\_\_\_\_ (H/W/C)

Allergies: \_\_\_\_\_

Diagnosis: Please provide ICD-10 code

E05.00 \_\_\_\_\_ Thyroid Eye Disease  \_\_\_\_\_ (other)

### PRE-MEDICATION ORDERS

- Acetaminophen 650mg PO 30 min before infusion
- Diphenhydramine 25mg PO 30 min before infusion

### TAPEZZA ORDERS

**PATIENT WEIGHT**  
\_\_\_\_\_ lbs  
\_\_\_\_\_ kg

**DOSAGE**  
 Initial dose: 10 mg/kg ( \_\_\_\_\_ mg) IV x 1 dose  
 Maintenance: 20 mg/kg ( \_\_\_\_\_ mg) IV every 3 weeks x 7 doses, beginning 3 weeks after initial dose

### NOTES

### ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please FAX:  Medication Order  Demographics  Clinicals  Labs  X-Rays  
to 1-806-302-1241 (must dial "1")