



**WEST TEXAS**  
DIGESTIVE DISEASE CENTER

5115 80<sup>th</sup> Street, Lubbock, TX 79424



**South Plains**  
Infusion

Tel (806) 788-4368, Fax (806) 302-1241

# TEPEZZA (teprotumumab-trbw) Infusion orders:

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

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

ICD-10 code: \_\_\_\_\_ Weight kg \_\_\_\_\_

Does the patient have history of IBD  Yes  NO

Dose: Infusion 1: \_\_\_\_\_ mg (10 mg/kg) Infusions 2 to 8: \_\_\_\_\_ (20 mg/kg)

**Duration:** Administer the first 2 infusions over 90 minutes. Subsequent infusions may be reduced to 60 minutes if well tolerated.

- Saline bag: Administer per company protocol.
- Schedule: Q3 weeks, 8 infusions total

**Pretreatment medications:** \_\_\_\_\_

Note: TEPEZZA does not require a specific protocol for premedications.

### Standing labs:

Blood glucose test every \_\_\_\_\_ infusion(s)

Other labs (e.g. thyroid, pregnancy)

- Share lab results with co-managing physician.

### Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History,  Physical Report (w/in past 6 months)
- Lab Results,  Demographic Sheet,  Insurance Cards (front and back)

### ORDERING PROVIDER

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**