GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Tepezza - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Tepezza treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Tepezza prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Attach applicable baseline labs, imaging, and payer-required clinical documentation.

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Tepezza (teprotumumab-trbw)

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO
☐ Loratadine 10mg or Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Diphenhydramine 25mg IV
☐ Solu-medrol 125mg IV
☐ Other

LAB ORDERS

☐ POCT Glucose with each infusion.
Notify if >
☐ POCT pregnancy test with each infusion

Prescribing Order - Tepezza (teprotumumab-trbw) (continued)

TEPEZZA MEDICATION ORDER

Infusion 1: ❑ Tepezza 10mg/kg every 3 weeks x1 _____ mg

ADMINISTRATION & MONITORING

- ✓ Reconstitute each TEPEZZA vial with 10 mL of Sterile Water for Injection.
- ✓ Dilute the required volume of reconstituted solution based on the dose in an IV infusion bag containing 0.9%
- ✓ Sodium Chloride Solution. If dose is <1800 mg, use a 100-mL bag. If dose is >=1800 mg, use a 250-mL bag.
- ✓ Administer infusions 1 and 2 over 90min. If tolerated, remaining infusions can be given over 60min.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME _____ **NPI** _____ **DATE** _____

SIGNATURE _____ **OFFICE PHONE / EXT.** _____

Handwritten or compliant electronic signature