



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Teprotumumab (Tepezza)

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ ICD-10: _____

Allergies: _____

Weight: _____ Kg

Treatment regimen

- **Please check each of the following pre-medications that apply if any** (Tepezza does not require a specific premedication protocol. Consider if the patient has experienced a previous infusion reaction):
 - Acetaminophen** _____ mg po
 - Diphenhydramine** _____ mg po IV push
 - Methylprednisolone** 100 mg IV push
 - Other** _____

- **First Infusion: Tepezza 10mg/Kg x _____ Kg = _____ mg**
- **Infusions 2 through 8: Tepezza 20mg/Kg x _____ Kg = _____ mg**
 - Administer the first 2 infusions over 90 minutes. Subsequent infusions may be reduced to 60 minutes if well tolerated
 - Administer via an infusion bag containing 0.9% Sodium Chloride Solution, USP. For doses <1800 mg, use a 100-mL bag. For doses ≥1800 mg, use a 250-mL bag
 - If an infusion reaction occurs, interrupt or slow the rate of infusion and use appropriate medical management

- **Flush IV line with 30-50mL 0.9% NaCl following completion of Tepezza infusion**
- **Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required**

- **Observe patient for at least 30 minutes following completion of infusion for possible infusion-related reactions**

Schedule: Every 3 weeks x 8 infusions total. Preferred start date: _____

Rescue medications to be given for anaphylactic reactions (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL IV x 1 at 250mL/hour**

Additional orders: _____

Physician Signature: _____ **Print:** _____

Date: _____ **Phone:** _____ **Fax:** _____