



TEPEZZA™ (teprotumumab-trbw) ORDER FORM  
(\* - Required Fields)

**STAT REQUEST**  
(\*REASON MUST BE PROVIDED BELOW)

New Referral     Order Renewal     Medication/Order Change  
 Benefits Verification Only     Discontinuation Order

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M    F
ADDRESS:	PHONE:		
WEIGHT:            LBS    KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

<b>TEPEZZA ORDER*:</b> <i>(SELECT ONE OF THE FOLLOWING)</i>	<b>ICD-10*:</b> _____
<input type="checkbox"/> <b>Initial Dosing:</b> Infusion #1: 10mg/kg (second infusion 3 weeks after initial) Infusion #2 to #8: 20mg/kg every 3 weeks	
<input type="checkbox"/> <b>2nd Course of Therapy:</b> Infusion #1: 10mg/kg (second infusion 3 weeks after initial) Infusion #2 to #8: 20mg/kg every 3 weeks	
Physician Signature* _____	Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Thyroid Eye Disease
<input type="checkbox"/> Other _____
<b>*STAT REASON:</b> (STAT requests will be assessed per MPP policy and protocols)
Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> Free T3 and T4 Free
<input type="checkbox"/> Clinical Activity Score (CAS Score)
<input type="checkbox"/> Thyroid Panel with TSH (if available)
<input type="checkbox"/> A1C (if available)

**STANDING LAB ORDERS:**     CMP     CBC  
 Labs to be drawn by Infusion Center    Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

-----Colorado-----  
 Lakewood

-----Florida-----  
 Jacksonville  
 Kissimmee  
 Port St. Lucie  
 Suncoast  
 Winter Park

-----Oklahoma-----  
 Tulsa

-----Texas-----  
 Arlington  
 Cedar Hill  
 Dallas  
 Denton  
 Ft. Worth  
 Irving  
 Rockwall  
 Southlake  
 Flower Mound  
 Plano  
 Tyler

REVISION DATE- 10/2021