HERITAGE BIOLOGICS

Teprotumumab-trbw (Tepezza) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- ☸ Copy of insurance cards
- ☸ History and Physical
- ☸ Patient face sheet w/demographics

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Plan Address		Plan Address	
Plan Phone & Fax Numbers		Plan Phone & Fax Numbers	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender ☐M ☐F	Height (inches)	Weight (lbs.)	Allergies (food/drug)

Statement of Medical Necessity / Primary Diagnosis

ICD10: Description of diagnosis:

Medication Information / Prescription and Orders

Medication:

Tepezza 500 mg

Directions:

Infuse IV per manufacturer guidelines **OR** over _____ hours.

Prior to infusion, reconstitute each Tepezza 500 mg vial with 10 mL of Sterile Water for Injection and mix in a NaCl 0.9% bag for total 100 mL for doses <1800 mg or 250 mL for doses ≥1800 mg

Initial dose

☐ _____ mg (10 mg/kg) IV once

#1 dose, 21-day supply, no refill

Subsequent doses 2-8

☐ _____ mg (20 mg/kg) IV every 3 weeks

#1 dose, 21 day supply, refill x 6

*If subsequent treatment cycles only

Date of last infusion:

Next dose due:

Line Access

RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per Heritage Biologics policy.

☐ Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium choride 0.9% IV before and after medication administration or every 24 hours while IV access in place.

☐ Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access.

☐ Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port accessed.

Quantity/Refills

Dispense:

Quantity #QS + PRN refills unless otherwise noted

☐ Other

Adverse Reaction Orders

*** If infusion reaction occurs pause infusion for 10 minutes, resume infusion at previously tolerated rate and use appropriate medical management. If reaction continues, stop infusion and notify physician.**

Prescriber Information

Physician Name		Office Contact	
Practice Address		Practice Phone	
NPI#	License #	DEA#	
Physician Signature Required - Substitution Permitted	Date	Physician Signature Required - Dispense as Written	Date