

McLeod Health

Teprotumumab-trbw (Tepenza) Treatment Plan

Patient Name: _____ DOB: _____

Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one ICD-10 code):

☐ E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

☐ Other ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

☐ Teprotumumab (Tepenza) (J3241) in 100- 250 mL of Sodium Chloride 0.9% via IV infusion over 60-90 minutes

Dosing: ☐ Dose 1: 10 mg/kg in 100 mL infused over 90 minutes

☐ Dose 2: 20 mg/kg in 250 mL infused over 90 minutes

☐ Doses 3-8: 20 mg/kg in 250 mL infused over 60 minutes

Frequency: Once every 21 days for 8 total doses (Other: _____)

Order Duration: One year unless otherwise specified (Other: _____)

Lab Orders: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Documentation of hearing assessment and blood glucose level prior to therapy initiation

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received teprotumumab at another facility, please provide last date received: _____
- If patient has previously received another biologic therapy, please provide the name: _____
and the last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- ☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw
☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.