Teprotumumab-trbw (TEPEZZA) Infusion

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note**.
2. May cause fetal harm when administered to a pregnant woman. Counsel patients on appropriate forms of contraception prior to initiation, during treatment and for 6 months following the last dose.
3. Advise patients of risk of exacerbation of inflammatory bowel disease (IBD). Patients with IBD should be monitored for disease flares. If IBD exacerbation is suspected, consider discontinuation.

LABS:

- ☑ HCG Beta Quant Plasma, Routine, ONCE, Do not hold infusion for result, OK to proceed with infusion as long as urine HCG is negative.
- ☑ HCG Qual Urine, Routine, ONCE, every visit
  - Do not administer until negative pregnancy evaluation performed for women of childbearing potential.
- ☑ Basic Metabolic Set, Routine, ONCE, every 12 weeks for 2 treatments. Draw at 1st and 5th treatments.
- ☑ Hemoglobin A1C, Routine, ONCE, every 12 weeks, Do not need to wait for results prior to infusion.
- ☐ Labs already drawn. Date: _____

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. Hold infusion until negative pregnancy evaluation performed for women of childbearing potential.
3. Hold infusion and contact provider if blood glucose greater than 200 mg/dL prior to 1st and 5th infusions.
4. Contact provider if any concerns of adverse drug reactions.
5. First and second infusion: monitor patient for infusion-related reactions for 30 minutes after completion of teprotumumab-trbw infusion.
6. Obtain vital signs prior to and after teprotumumab-trbw infusion complete, and as needed for infusion related reaction management.

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PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

- NURSING COMMUNICATION – In patients who experience an infusion reaction, administer pre-medication and administer all subsequent infusions at a slower infusion rate.
- acetaminophen (TYLENOL) tablet, 650 mg, oral, AS NEEDED for previous infusion-related reaction, every visit
- loratadine (CLARITIN) tablet, 10 mg, oral, AS NEEDED for previous infusion-related reaction, every visit
  (Give either loratadine or diphenhydrAMINE, not both.)
- diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, AS NEEDED for previous infusion-related reaction, every visit
  (Give either diphenhydrAMINE or loratadine, not both.)
- methylPREDNISolone sodium succinate (SOLU-MEDROL), 100 mg, intravenous, AS NEEDED for previous infusion-related reaction, every visit

MEDICATIONS:

Initial Doses

First Dose:

☐ teprotumumab-trbw (TEPEZZA) 10 mg/kg in sodium chloride 0.9%, intravenous, ONCE, over 90 minutes.

Second Dose: (3 weeks after first dose)

☐ teprotumumab-trbw (TEPEZZA) 20 mg/kg in sodium chloride 0.9%, intravenous, ONCE, over 90 minutes.

Maintenance Doses

Third and Subsequent Doses: (starting 3 weeks after second dose)

☐ teprotumumab-trbw (TEPEZZA) 20 mg/kg in sodium chloride 0.9%, intravenous, ONCE, If no previous reactions, may reduce infusion time to 60 minutes. If previous reactions, infuse over 90 minutes.

Interval:
☑ Every 3 weeks for 6 doses

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AS NEEDED MEDICATIONS:

1. ondansetron (ZOFRAN) injection, 4 mg, intravenous, AS NEEDED x1 dose, for nausea/vomiting. Administer over at least 30 seconds, preferably over 2-5 minutes.
2. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for fever

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.5 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax**: _____

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Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

☐ **Beaverton**
OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

☐ **NW Portland**
Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

☐ **Gresham**
Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

☐ **Tualatin**
Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders