

# Teprotumumab-trbw (Tepezza) Infusion Therapy Plan Orders

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Name: \_\_\_\_\_

Kaiser Permanente Member I.D. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Instructions to Provider

Review orders and note any changes. All orders with  will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

### Please complete all of the following:

**Pre-Service Authorization** has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

**Order Date:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg

### Diagnosis:

ICD-10 code (REQUIRED): \_\_\_\_\_

ICD-10 description: \_\_\_\_\_

### General Plan Communication

- Induction Schedule: Infuse teprotumumab every 3 weeks for a total of 8 infusions
- Special instructions/notes: \_\_\_\_\_

### Provider Information

- Screen for HbA1C < 9%, euthyroid, thyroid stimulating immunoglobulins, HIV, Hepatitis B, and Hepatitis C
- Screen for pregnancy if of childbearing potential
- Screen for Inflammatory Bowel Disease (IBD)

### Infusion Therapy

**First Dose:**

**Teprotumumab-trbw (TEPEZZA) 10 mg/kg/dose** in 0.9% saline

Doses <1.8 g = total volume 100 mL or

Doses ≥1.8 g = total volume 250 mL

Route: Intravenous

Frequency: Once

Infuse over: 90 minutes

### Second Dose:

**Teprotumumab-trbw (TEPEZZA) 20 mg/kg/dose** in 0.9% saline

Doses <1.8 g = total volume 100 mL or

Doses ≥1.8 g = total volume 250 mL

Route: Intravenous

Frequency: Once

Infuse over: 90 minutes

### Third and Subsequent Doses:

**Teprotumumab-trbw (TEPEZZA) 20 mg/kg/dose** in 0.9% saline

Doses <1.8 g = total volume 100 mL or

Doses ≥1.8 g = total volume 250 mL

Route: Intravenous

Frequency: Once

Infuse over: If no previous reactions, may reduce infusion time to 60 minutes starting from 3rd infusion. If previous reactions, infuse over 90 minutes.

If infusion-related reaction:

- 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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<b>Pre-Meds</b>	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet <i>Dose:</i> 650 mg <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to infusion. May also be given once as needed during infusion for achiness, headache, or fever if not given prior to infusion.
<input type="checkbox"/>	cetirizine (ZYRTEC) tablet <i>Dose:</i> 10 mg <i>Route:</i> Oral <i>Frequency:</i> Once, at least 30 minutes prior to infusion (if not taken at home).
<input type="checkbox"/>	Other: _____ <i>Dose:</i> _____ <i>Route:</i> Oral <i>Frequency:</i> Once, 30 minutes prior to teprotumumab infusion
<input checked="" type="checkbox"/>	No routine pre-medications necessary. Above medications may be given if patient has reaction and requires pre-medications for future doses.
<b>IV Line Care</b>	
<input checked="" type="checkbox"/>	0.9% sodium chloride infusion 250 mL <i>Rate:</i> 30 mL/hr <i>Route:</i> Intravenous <i>Frequency:</i> Run continuously to keep vein open Start peripheral IV if no central line
<input checked="" type="checkbox"/>	heparin flush 100 unit/mL <i>Dose:</i> 500 units <i>Route:</i> Intracatheter <i>Frequency:</i> PRN for IV line care per Nursing Policy
<b>Infusion Reaction Meds</b>	
<input checked="" type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution 0.083% <i>Dose:</i> 2.5 mg <i>Route:</i> Nebulization <i>Frequency:</i> PRN for shortness of breath/wheezing
<input checked="" type="checkbox"/>	diphenhydrAMINE (BENADRYL) injectable <i>Dose:</i> 25 mg <i>Route:</i> Intravenous <i>Frequency:</i> Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
<input checked="" type="checkbox"/>	EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector <i>Dose:</i> 0.3 mg <i>Route:</i> Intramuscular <i>Frequency:</i> Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
<input checked="" type="checkbox"/>	hydrocortisone sodium succinate (SOLU-CORTEF) injectable <i>Dose:</i> 100 mg <i>Route:</i> Intravenous <i>Frequency:</i> Once PRN for hypersensitivity
<b>Lab Review for Nursing</b>	
<i>When labs are available in Epic:</i>	
<ul style="list-style-type: none"> <li>• Capillary glucose (fingerstick blood glucose)</li> <li>• Pregnancy test if of childbearing potential</li> </ul>	
<b>Nursing Orders</b>	
<ul style="list-style-type: none"> <li>• Do not administer teprotumumab and notify provider if patient has a temperature greater than 100 degrees F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.</li> <li>• Discontinue IV line when therapy complete and patient stabilized.</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• TEPEZZA® Full Prescribing Information.</li> </ul>	

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Teprotumumab-trbw (Tepezza)  
Infusion Therapy Plan Orders**

**Kaiser Permanente Infusion Locations**

**Bellevue Medical Center**

*11511 NE 10<sup>th</sup> St, Bellevue, WA 98004*

**Fax: 425-502-3512 Phone: 425-502-3510**

**Capitol Hill Medical Center**

*201 16<sup>th</sup> Ave E, Seattle WA 98112*

**Fax: 206-326-2104 Phone: 206-326-3109**

**Everett Medical Center**

*2930 Maple St, Everett, WA 98201*

**Fax: 425-261-1578 Phone: 425-261-1566**

**Olympia Medical Center**

*700 Lilly Road N.E., Olympia, WA 98506*

**Fax: 360-923-7106 Phone: 360-923-7164**

**Riverfront Medical Center – Spokane**

*W 322 North River Drive, Spokane, WA 99201*

**Fax: 509-324-7168 Phone: 509-241-2073**

**Silverdale Medical Center**

*10452 Silverdale Way NW, Silverdale, WA 98383*

**Fax: 360-307-7421 Phone: 360-307-7316**

**Tacoma Medical Center**

*209 Martin Luther King Jr Way, Tacoma, WA 98405*

**Fax: 253-383-6262 Phone: 253-596-3666**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_