



Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

216-360-0456 TEL
216-378-9824 FAX
216-360-9449 ALT FAX
www.idconsultants.com/aic

MEDICATION ORDERS – TEPEZZA

Date of Referral: _____ Office Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS, and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM

TEPEZZA DOSING

- Infuse 10 MG/KG IV for first infusion followed by 20 MG/KG IV every 3 weeks for 7 additional infusions.
- Special Needs/Consideration: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS



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Clinical Criteria Check list:

- Patient has a documented diagnosis of Graves disease with active thyroid eye disease (TED) that occurred within the previous 9 months.
- Patient has a documented Clinical Activity Score (CAS) of 4 or greater. Score: _____
- Patient has tried and failed a 12-week course of high-dose corticosteroid or has an intolerance to corticosteroids.
- Patient does not have corneal decompensation that is unresponsive to medical management
- Patient does not have poorly controlled diabetes
- Patient does not have a decrease in best corrected visual acuity (BVCA) due to optic neuropathy within the previous six months.
- Patient has not had prior orbital irradiation or surgery for TED
- Patient has one of the following:
 - Lid retraction ≥ 2 mm. Measurement: _____
 - Moderate or severe soft tissue involvement
 - Proptosis ≥ 3 mm above normal for race and gender. Measurement: _____
 - Intermittent or constant diplopia
- Patient has documentation showing that they are one of the following:
 - Euthyroid
 - Mildly hypo or hyper thyroid (having free thyroxine (FT4) and free triiodothyronine (FT3) levels less than 50% above or below the reference normal limits)

Referring Physicians Signature: _____