



INFUSION SUITE		TEPEZZA INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> CMP/Blood Glucose: _____			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
TEPEZZA ORDERS			
<input type="checkbox"/> 1st Infusion:	Tepezza 10mg/KG IV over 90 min X 1 (100mL NS for <1800mg, 250mL NS for >1800mg)		
<input type="checkbox"/> 2nd Infusion:	Tepezza 20mg/KG IV over 90 min X 1 (100mL NS for <1800mg, 250mL NS for >1800mg)		
<input type="checkbox"/> 3rd - 8th Infusion:	Tepezza 20mg/KG IV over 60 min X 1 (100mL NS for <1800mg, 250mL NS for >1800mg)		
*Infusions should be 3 weeks apart			
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

**Credentials must be included*

Infusion Directions:

- Determine the number of vials required (each vial = 500mg), always round up when choosing the number of vials
- Reconstitute each vial with 10mL Sterile Water. After reconstitution each vial will contain 10.5mL of solution
- Convert dose (mg) to volume of solution to withdraw.
- Select appropriate NS size bag 100mL for <1800mg; 250mL for >1800mg
- Remove volume of NS equal to amount of reconstituted Tepezza, discard NS
- Transfer reconstituted Tepezza to NS bag, gently invert, do not shake
- Discard and document any waste. No filter required for tubing
- Infuse over 90 minutes for dose 1 & 2, If well tolerated, infuse over 60 minutes for doses 3-8
- If well tolerated, infuse over 60 minutes for doses 3-8

Dosing Calculations

Determine the dosing and infusion values for your patient¹



Patients weighing 50 kg to 85 kg							
Patient Weight		Infusion 1 (10 mg/kg)			Infusions 2 to 8 (20 mg/kg)		
lb*	kg	Dose (mg)	Vials required (N)	Volume to withdraw (mL)	Dose (mg)	Vials required (N)	Volume to withdraw (mL)
110	50	500	1	10.5	1000	2	21
112	51	510	2	10.7	1020	3	21.4
115	52	520	2	10.9	1040	3	21.8
117	53	530	2	11.1	1060	3	22.3
119	54	540	2	11.3	1080	3	22.7
121	55	550	2	11.6	1100	3	23.1
123	56	560	2	11.8	1120	3	23.5
126	57	570	2	12	1140	3	23.9
128	58	580	2	12.2	1160	3	24.4
130	59	590	2	12.4	1180	3	24.8
132	60	600	2	12.6	1200	3	25.2
134	61	610	2	12.8	1220	3	25.6
137	62	620	2	13	1240	3	26.1
139	63	630	2	13.2	1260	3	26.5
141	64	640	2	13.4	1280	3	26.9
143	65	650	2	13.7	1300	3	27.3
146	66	660	2	13.9	1320	3	27.7
148	67	670	2	14.1	1340	3	28.2
150	68	680	2	14.3	1360	3	28.6
152	69	690	2	14.5	1380	3	29
154	70	700	2	14.7	1400	3	29.4
157	71	710	2	14.9	1420	3	29.8
159	72	720	2	15.1	1440	3	30.3
161	73	730	2	15.3	1460	3	30.7
163	74	740	2	15.5	1480	3	31.1
165	75	750	2	15.8	1500	3	31.5
168	76	760	2	16	1520	4	31.9
170	77	770	2	16.2	1540	4	32.4
172	78	780	2	16.4	1560	4	32.8
174	79	790	2	16.6	1580	4	33.2
176	80	800	2	16.8	1600	4	33.6
179	81	810	2	17	1620	4	34
181	82	820	2	17.2	1640	4	34.5
183	83	830	2	17.4	1660	4	34.9
185	84	840	2	17.6	1680	4	35.3
187	85	850	2	17.9	1700	4	35.7

Patients weighing 86 kg to 120 kg							
Patient Weight		Infusion 1 (10 mg/kg)			Infusions 2 to 8 (20 mg/kg)		
lb*	kg	Dose (mg)	Vials required (N)	Volume to withdraw (mL)	Dose (mg)	Vials required (N)	Volume to withdraw (mL)
190	86	860	2	18.1	1720	4	36.1
192	87	870	2	18.3	1740	4	36.6
194	88	880	2	18.5	1760	4	37
196	89	890	2	18.7	1780	4	37.4
198	90	900	2	18.9	1800	4	37.8
201	91	910	2	19.1	1820	4	38.2
203	92	920	2	19.3	1840	4	38.7
205	93	930	2	19.5	1860	4	39.1
207	94	940	2	19.7	1880	4	39.5
209	95	950	2	20	1900	4	39.9
212	96	960	2	20.2	1920	4	40.3
214	97	970	2	20.4	1940	4	40.8
216	98	980	2	20.6	1960	4	41.2
218	99	990	2	20.8	1980	4	41.6
220	100	1000	2	21	2000	4	42
223	101	1010	3	21.2	2020	5	42.4
225	102	1020	3	21.4	2040	5	42.9
227	103	1030	3	21.6	2060	5	43.3
229	104	1040	3	21.8	2080	5	43.7
231	105	1050	3	22.1	2100	5	44.1
234	106	1060	3	22.3	2120	5	44.5
236	107	1070	3	22.5	2140	5	45
238	108	1080	3	22.7	2160	5	45.4
240	109	1090	3	22.9	2180	5	45.8
243	110	1100	3	23.1	2200	5	46.2
245	111	1110	3	23.3	2220	5	46.6
247	112	1120	3	23.5	2240	5	47.1
249	113	1130	3	23.7	2260	5	47.5
251	114	1140	3	23.9	2280	5	47.9
254	115	1150	3	24.2	2300	5	48.3
256	116	1160	3	24.4	2320	5	48.7
258	117	1170	3	24.6	2340	5	49.2
260	118	1180	3	24.8	2360	5	49.6
262	119	1190	3	25	2380	5	50
265	120	1200	3	25.2	2400	5	50.4

*Rounded to the nearest whole number.