

**TEPROTUMUMAB-TRBW (TEPEZZA) INFUSION [11500923]**  
**Columbia Network Infusion Centers**Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

**Provider Communication Orders**

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ ***I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.***

**Provider Communication Orders**

- ☒ Provider Communication Once  
*Based on its mechanism of action inhibiting IGF-1R, Tepezza may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception prior to initiation, during treatment, and for 6 months after the last dose of Tepezza.*

**Supportive Care****Interval**

- ☒ TEPROTUMUMAB-TRBW (TEPEZZA) IV Route: IV  
*Rate of administration: First two doses over 90 minutes. May reduce subsequent doses to 60 minutes if previous infusions tolerated.*  
Dose: 10mg/kg IV x1 dose followed by 20mg/kg every 3 weeks for an additional 7 doses

**Nursing Orders****Interval**

- ☒ Nursing Communication Every Visit  
*May cause infusion reactions. Signs and symptoms of infusion-related reactions include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache, and muscular pain.*
- ☒ Nursing Communication PRN  
*Discontinue therapy plan when treatment complete - after 8th dose of Tepezza.*

**Vascular Access (single select)****Interval**

- ☐ IV Every Visit  
- Insert peripheral IV  
- sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care
- ☐ Central line (non-PICC) Every Visit  
- Access vascular device and confirm patency  
- Initiate Central line (non-PICC) maintenance protocol

\_\_\_\_\_  
Provider Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Time\_\_\_\_\_  
Provider's Printed Name:

Place Patient Label Here

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**TEPROTUMUMAB-TRBW (TEPEZZA) THERAPY PLAN**

- sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care prior to medication administration PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care post medication administration PRN
  - sodium chloride (NS) flush 20 mL  
20 mL As Needed for Line Care post lab draw PRN
  - sodium chloride (NS) flush 10 mL  
10 mL for Line Care at discharge and de-access every visit
  - heparin 100 units/mL 5 mL  
5 mL for de-access PRN
  - alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- PICC line Every Visit
- Access vascular device and confirm patency
  - Initiate PICC maintenance protocol
  - Nursing Communication  
Change PICC line dressing weekly and PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care prior to medication administration PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care post medication administration PRN
  - sodium chloride (NS) flush 20 mL  
20 mL As Needed for Line Care post lab draw PRN
  - alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

#### PRN Medications

#### Interval

- |   |     |           |
|---|-----|-----------|
| ○ sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care   | PRN | Route: IV |
| ○ sodium chloride 0.9 % bolus 500 mL<br>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr) | PRN | Route: IV |

#### Emergency Medications

#### Interval

- |   |     |           |
|---|-----|-----------|
| X diphenhydramine (BENADRYL) injection 25-50 mg<br>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$ points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider. | PRN | Route: IV |
|---|-----|-----------|

Provider Signature

Date

Time

Provider's Printed Name:

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TEPROTUMUMAB-TRBW (TEPEZZA) THERAPY PLAN

- X famotidine (PEPCID) injection 20 mg PRN Route: IV  
20 MG Once As Needed IV Other, Infusion-related reaction
- X albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation  
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.
- X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV  
125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.
- X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular  
0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes ( $\geq 40$  points in SBP), shortness of breath with wheezing and O2Sat  $<90\%$ ), and contact provider.

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Date

Time

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TEPROTUMUMAB-TRBW (TEPEZZA) THERAPY PLAN