



eMediateINFUSIONcenter

TZIELD(teplizumab-mzwv)

- New Prescription/Referral
- Prescription Refill

of Refills:

Rx:

Patient Name:

DOB:

TZIELD

- Administer by IV infusion over a minimum of 30 minutes based on Body Surface Area (BSA) once daily for 14 days.

Base the calculation per Tzield recommendation:

$$BSA = \sqrt{\frac{\text{height}(cm) \times \text{weight}(kg)}{3600}}$$

Weight: (cm)

Height: (kg)

NOTE: Tzield come in a 2mg/2ml vials. For preparation, each vial to be mixed in an 18ml 0.9% NS. Total mixture of 20ml.

Dosing Regimen

DAY	1	2	3	4	5	-	14
Dose (mcg/m ²)	65	125	250	500	1030		1030

Illustration:

A = Dilute the Tzield vial (2mg/2ml) to 18ml 0.9% NS bag

C = Draw **B** from **A**

B = Day1:(65 x BSA)/100; Day2:(125xBSA)/100; Day3:(250xBSA)/100.....

D =Add **C** to a 25ml 0.9% NS (At least 30mins infusion)

Other Orders:

Pre-Medication: (30 mins prior. Administer additional doses of premeds if needed.)

- Solumedrol ___mg IVP
 - 100mg
 - 125mg
- Zofran ___mg
 - 4mg
 - 8mg
 - IV
 - PO

- Tylenol _____mg PO
 - 650mg
 - 975mg
- Ibuprofen _____mg PO
 - 400mg
 - 800mg

- Benadryl _____mg
 - 25mg
 - 50mg
 - IV
 - PO

ANA Kit Protocol:

- OK to use

Others:

LABS: (To be drawn before infusion)

- CBC with Diff in Days 0, 5, & 14

Dx:

- E10.9 Type 1 diabetes mellitus without complications
- E10.8 Type 1 diabetes mellitus with unspecified complications

Others:

Physician Signature

NPI#:

Date: (Valid for 1 year)

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

PHYSICIAN INFORMATION

Physician Name:

CLINIC:

Contact Information:

Phone:

Email:

Fax:

Other:

Office Mailing Address:

Please include the following

- Patient demographics
- Insurance attached
- Diagnosis (supporting)
- History and Physical
- Lab Results
- Clinical progress notes
- Medication List
- Other Test Results

501 S. Rancho Dr. Ste i62 Las Vegas, NV, 89106

702.268.8647

725.228.5220