*Patient Insurance & ID (front and back) are needed

TZIELD (teplizumab)

☐ New Prescription/Referral
☐ Prescription Refill

# of Refills:

Rx:

Patient Name: | Patient Weight: kg | DOB:

TZIELD: (teplizumab)

☐ Infuse Tzield IV daily for 14 days according to the following dosing regimen:

DAY 1: 65 mcg/m^2 DAY 2: 125 mcg/m^2 DAY 3: 250 mcg/m^2

DAY 4: 500 mcg/m^2 DAY 5 through 14: 1,030 mcg/m^2

☐ Others: _____

Patients should be pre-medicated with APAP or NSAID, antihistamine, and/or an anti-emetic for 1st 5 doses

Pre-Medication:

☐ Acetaminophen _____mg PO ☐ Ibuprofen _____mg PO ☐ Toradol 30mg IV

☐ Diphenhydramine 25mg PO ☐ Cetirizine 10mg PO ☐ Loratadine 10mg PO

☐ Zofran _____mg IV ☐ Cetirizine 10mg IV ☐ Other:_____

Administer pre-meds for: ☐ First 5 doses only ☐ Prior to all doses ☐ Other:_____

☐ Other Orders: _____

ANA Kit Protocol:

☐ OK to use

Dx:

Diagnosis: ☐ Type 1 diabetes mellitus with unspecified complications (ICD-10: E10.8)

☐ Type 1 diabetes mellitus without complications (ICD-10: E10.9)

☐ Other:_____ **ICD-10:** _____

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:**

Phone: **Fax:** **Email:** **Other:**

Office Mailing Address:

Please include the following

☐ *Patient demographics ☐ *Insurance attached ☐ *Diagnosis(supporting) ☐ *History & Physical

☐ *Lab Results ☐ *Clinical progress notes ☐ *Medication list ☐ *Other Test Results

☐ *Baseline CBC w/differential & LFTs - attach results ☐ *Pancreatic islet cell autoantibodies

☐ *Documentation of dysglycemia without overt hyperglycemia

We can do patient teaching for IV/IM/SQ injections if needed. One time or multiple visits. If insurance allows we can also administer SQ/IM shot.