

TZIELD (TEPLIZUMAB-MZWV) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Mobile Number: _____ Patient Weight: _____

Allergies: _____

DIAGNOSIS (Provider must specify)

Stage 3 Type 1 Diabetes in adults, ICD 10: E10. _____

Stage 2 Type 1 Diabetes in pediatric patients 8 years or older, ICD 10: E10. _____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____

Signature: _____ Date: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics Labs and tests supporting diagnosis Office/progress notes

PRE-MEDICATION (**recommended on bottom)

Acetaminophen (Tylenol) 500 mg PO Famotidine 20 mg IV Methylprednisolone

Benadryl 25mg PO Cetirizine (Zyrtec) 10 mg PO (Solu-Medrol) 125 mg IVP

Other: _____ Dose: _____ Route: _____

**Recommended pre-medications: (1) a nonsteroidal anti-inflammatory drug (NSAID) or acetaminophen, (2) an antihistamine, and/or (3) an antiemetic before each TZIELD dose for at least the first 5 days of the 14-day treatment course.

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Tzield	<input type="checkbox"/> Day 1: 65 mcg/m ² ; Day 2: 125 mcg/m ² ; Day 3: 250 mcg/m ² ; Day 4: 500 mcg/m ² ; Days 5 through 14: 1,030 mcg/m ²	<input type="checkbox"/> IV	<input type="checkbox"/> every day for 14 days

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

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LABS

- Baseline Complete Blood Count and Comprehensive Metabolic Panel results required within 1 month of treatments
- Repeat labs recommended throughout treatment on days 1, 3, 5, and 8. If referring office would not like these labs done please write in the special instructions section.

**Of note, labs will not be able to be drawn/sent from our clinic on the weekend days of this course.

IV can stay inserted as long as 72-96 hours if patent

SPECIAL INSTRUCTIONS

FAX NUMBERS: CT: 203.433.0621 MD: 240.224.8607 ME: 207.407.7272 NH: 603.217.5371
 NJ: 201.581.4521 VA: 703.202.0499

Order valid for 1 year from date of signature unless otherwise specified here: _____