

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 28, 2021  January 24, 2024

## Tepezza® (teprotumumab-trbw)

**LENGTH OF AUTHORIZATION:** 6 MONTHS

**REVIEW CRITERIA:**

- Patient is  $\geq 18$  years of age
- Patient must have diagnosis of Thyroid Eye Disease (TED)
- Patient has active TED with a clinical activity score (CAS) of  $\geq 4$  (documentation required)
- Patient is euthyroid OR has mild hypo- or hyperthyroidism (lab documentation required)
- Prescribed by or in consultation with a relevant specialist (i.e., Ophthalmologist or Endocrinologist)
- Failure of a 4-week trial of a corticosteroid (up to maximally indicated doses); contraindications, intolerability and clinically significant adverse effects must be documented
- Female recipients of reproductive potential: attestation the patient is not pregnant, and appropriate contraception methods will be used before, during, and 6 months after the last infusion

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 500 mg lyophilized powder in a single-dose vial for reconstitution