

TEPEZZA
(teprotumumab-trbw)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Thyroid Eye Disease

AND ALL of the following:

1. Prescriber agrees to monitor for infusion reactions
2. Prescriber agrees to monitor blood glucose
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tepezza and for 6 months after the last dose

Prior - Approval Limits

Quantity 8 intravenous infusions

Duration 6 months (only one PA approval per lifetime)

Prior – Approval *Renewal* Requirements

None

Prior - Approval *Renewal* Limits

None