Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 28, 2021 January 24, 2024; December 20, 2024

Tepezza® (teprotumumab-trbw)

LENGTH OF AUTHORIZATION: 6 MONTHS

REVIEW CRITERIA:

- Patient is ≥ 18 years of age
- Patient must have diagnosis of Thyroid Eye Disease (TED)
- Patient has active TED with a clinical activity score (CAS) of ≥ 4 (documentation required)
- Patient is euthyroid OR has mild hypo- or hyperthyroidism (lab documentation required)
- Prescribed by or in consultation with an 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