

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Tepezza for injection is an insulin-like growth factor-1 receptor inhibitor indicated for the treatment of Thyroid Eye Disease (TED).						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request, including documentation of prior therapies and responses to treatment must be provided.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 890 1511 1035"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J3241</td> <td>Tepezza (teprotumumab-trbw)</td> <td>Billing unit: 10 mg 500 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J3241	Tepezza (teprotumumab-trbw)	Billing unit: 10 mg 500 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025