

Dear [Recipient's name],

I am writing to notify you about an update to the treatment plan for [Patient name]. This patient will begin treatment with TEPEZZA® (teprotumumab-trbw) for Thyroid Eye Disease (TED), also known as Graves' orbitopathy, on or around [Date].

TEPEZZA is a monoclonal antibody that is administered by intravenous infusion. [Patient name] will receive TEPEZZA once every 3 weeks for a total of 8 infusions. TEPEZZA is the only FDA-approved treatment indicated for TED.

The most common adverse reactions (incidence $\geq 5\%$ and greater than placebo) are muscle spasm, nausea, alopecia, diarrhea, fatigue, hyperglycemia, hearing impairment, dysgeusia, headache, dry skin, weight decreased, nail disorders, and menstrual disorders. If the patient presents with one of these adverse reactions, or if you become aware of a complication, please let me know.

I'd like to work together to perform ongoing assessments during this patient's treatment, including [blood glucose testing, ophthalmologic exams, other assessments]. I will follow up with you to discuss this in more detail.

If you have any questions or concerns, please contact me at [preferred contact].

Sincerely,

[Physician's name]

[Contact information]

Enclosures [attach as appropriate]

Prescribing Information (PI)