

Choosing the appropriate site of care for TEPEZZA[®] (teprotumumab-trbw) infusion should be based on a discussion between you and your patient, incorporating the preferred treatment option based on the patient's need, insurance coverage, and availability of site of care options in the area.

Amgen By Your Side is a support program for patients prescribed TEPEZZA. Our dedicated team is your patient's partner, committed to providing nonmedical support to help patients as they start and continue on treatment as prescribed. Answers to some frequently asked questions related to home infusion are below.

The Patient Access Liaison (PAL) educates about navigating insurance processes and accessing treatment on your patient's behalf.

1 How do you know if home infusion is appropriate for a patient?

Patients should be evaluated on a case-by-case basis to determine their eligibility to receive an infusion in the home setting. The home infusion company will also conduct a screening process to evaluate appropriateness for home infusion, considering factors such as comorbid conditions, previous infusion reactions, allergies, and home environment.

2 Is TEPEZZA approved for home infusion?

This is a decision that is determined by you, in consultation with your patient. There are no restrictions that preclude home infusion; however, home infusion nurses must be educated on identifying infusion reactions in patients with Thyroid Eye Disease (TED).¹

3 How do I initiate the home infusion process for new patients?

For a new patient starting TEPEZZA therapy, initiate your patient's enrollment in Amgen By Your Side by submitting the Patient Enrollment Form (PEF). Your patient must complete enrollment to access our patient-focused services and resources. Be sure to complete the "Prescription Information" section on the form (see image on the next page).

1. To specify home infusion as your site of care, write "Home Infusion" in the facility name section (see "Infusion Facility" section on the next page).
2. Fill out the entire Prescription Information section, and check the box at the bottom of the PEF beside "Nursing orders" to indicate home infusion.
3. If your patient has opted in to Amgen By Your Side, a benefits investigation will be conducted, and the PAL will follow up with you to discuss your patient's coverage for home infusion, in addition to other available sites of care.
4. If a decision is made to move forward with home infusion, the home infusion company will follow up with you to discuss any additional infusion orders required for the home infusion process.

INDICATION

TEPEZZA is indicated for the treatment of Thyroid Eye Disease regardless of Thyroid Eye Disease activity or duration.

Please see Important Safety Information on page 4 and accompanying [Full Prescribing Information](#) or visit TEPEZZAhcp.com.

Example PEF

An editable version of the PEF is available at TEPEZZAhcp.com

Patient Enrollment Form

Once complete, submit by Fax 1-833-469-8333 or email TEPEZZAHBYS@horizontherapeutics.com



Complete all required fields, including prescriber's signature and date, to initiate patient enrollment process.

For patient support and/or assistance obtaining patient signature, call Horizon By Your Side at 1-833-5-TEPEZZA (1-833-583-7399).

PATIENT INFORMATION (* indicates a required field)

Form fields for Patient Information including First name, Last name, Sex, Date of birth, Primary language, Email address, Consent to leave voice message, Primary telephone, Consent to send text message, Address, City, State, ZIP code, Alternate contact name, and Alternate contact telephone.

DIAGNOSIS (* indicates a required field) (Required for benefits investigation)

Form fields for Diagnosis including PRIMARY DIAGNOSIS CODE*, Clinical Activity Score (CAS), Date of Thyroid Eye Disease (TED) Diagnosis, and Additional disease manifestation codes.

INSURANCE INFORMATION (* indicates a required field) (Please include front and back copies of insurance card[s] with this form)

Form fields for Insurance Information including Primary insurance, Secondary insurance, Policy #, Policyholder's first and last name, Insurance company telephone, Group #, and Policyholder's Date of birth.

State requirements: The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Noncompliance with state-specific requirements could result in outreach to the prescriber.

PATIENT AUTHORIZATION (Required—please see authorization language on the next page)

Form fields for Patient Authorization including Patient signature, Date, and Printed full name.

Please see Important Safety Information on next page and Full Prescribing Information at TEPEZZAhcp.com.

PRESCRIBER INFORMATION (* indicates a required field)

Form fields for Prescriber Information including First name, Last name, Address, City, State, ZIP code, NPI #, Tax ID #, State license #, Clinic/hospital affiliation, Office contact name, Office contact telephone, Fax, Email address, Preferred communication, Prescriber's specialty, Referring physician, Name, Specialty, City, State, ZIP code, and Telephone.

INFUSION FACILITY

Form fields for Infusion Facility including Do you have a preferred infusion facility?, Facility name, Facility address, City, State, ZIP code, Telephone, Fax, Facility NPI #, and Facility tax ID #.

PRESCRIPTION INFORMATION (Required for specialty pharmacy benefit or home infusion)

Form fields for Prescription Information including Medication, Duration, Dose*, Weight*, Patient is Medically Urgent, Allergies*, Route of administration, Fluids for reconstitution/administration, and Nursing orders.

PRESCRIBER CERTIFICATION (Required—please see certification language on the next page)

Form fields for Prescriber Certification including Prescriber signature/Dispense as written, Date, Substitutions allowed, Written or e-signature only, and I certify that the above therapy is medically necessary for the treatment of documented Thyroid Eye Disease (TED)*.



4 What if a patient has already started therapy at an infusion center but would like to switch to home infusion?

If a patient has already started TEPEZZA therapy and has received a prior infusion at a facility, the PAL educates about navigating insurance processes and accessing treatment on your patient's behalf. The PAL has the expertise and tools to support the patient by educating on patient benefits, options for site of care, prior authorization requirements, payor policies, and coding and claim submissions.

5 Should the home infusion nurse get authorization from the prescribing healthcare professional (HCP) first to administer medications in case of an adverse reaction? What is that process?

Home infusion nurse protocol is to coordinate with the prescribing HCP prior to the home infusion to get orders for any additional medications that may be needed in case of an infusion reaction.

6 What if there is an infusion reaction? Is there a protocol the nurse follows to administer medications?

Home infusion companies have standard protocols to manage infusion reactions. If there is a reaction, the nurse will follow the protocol. This may include slowing or stopping the infusion and administering appropriate medications such as corticosteroids, antipyretics, and antihistamines, as specified in the Prescribing Information. You should order these medications for the nurse to have on hand prior to the infusion.

7 What is the process if the patient has a serious reaction?

Home infusion nurses are trained to identify and care for adverse reactions. In case of any serious infusion reactions, home infusion nurses are directed to follow the process noted above for reactions, and call 911 for emergency support.

8 How long does the nurse stay to monitor the patient after the home infusion?

The time varies based on the patient and the home infusion company, but it can range from 30-90 minutes following the infusion, depending on the home infusion protocol.

9 Who will follow up with me after the home infusion?

The home nurse will follow up with you with notes from the home infusion. If a reaction occurs, the home nurse will follow up with you after the visit to discuss any reaction and its management, including considering premedicating with an antihistamine, antipyretic, corticosteroid, and/or administering all subsequent infusions at a slower infusion rate (eg, moving from 60 minutes to 90 minutes).¹

10 How should patients store the medication if they receive it directly from the home infusion company?

If your patients receive TEPEZZA in the mail before the home infusion appointment, it is important that they store it correctly. Inside the shipping package, the patient will find a carton or cartons labeled "TEPEZZA." Each carton of TEPEZZA contains a vial with powder inside.¹

Your patient should¹:

- Keep the vial inside the TEPEZZA carton. If the carton is visibly damaged, your patient should contact the home infusion provider
- Store the TEPEZZA carton in their refrigerator, making sure it is set between 36°F and 46°F (2°C and 8°C)
- Keep the medication away from light
- Do not freeze the medication

INDICATION

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Infusion Reactions: TEPEZZA may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with TEPEZZA. Reported infusion reactions have usually been mild or moderate in severity. Signs and symptoms may include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache, and muscular pain. Infusion reactions may occur during an infusion or within 1.5 hours after an infusion. In patients who experience an infusion reaction, consideration should be given to premedicating with an antihistamine, antipyretic, or corticosteroid and/or administering all subsequent infusions at a slower infusion rate.

Preexisting Inflammatory Bowel Disease: TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of TEPEZZA.

Hyperglycemia: Increased blood glucose or hyperglycemia may occur in patients treated with TEPEZZA. In clinical trials, 10% of patients (two-thirds of whom had preexisting diabetes or impaired glucose tolerance) experienced hyperglycemia. Hyperglycemic events should be controlled with medications for glycemic control, if necessary. Assess patients for elevated blood glucose and symptoms of hyperglycemia prior to infusion and continue to monitor while on treatment with TEPEZZA. Ensure patients with hyperglycemia or preexisting diabetes are under appropriate glycemic control before and while receiving TEPEZZA.

Hearing Impairment Including Hearing Loss: TEPEZZA may cause severe hearing impairment including hearing loss, which in some cases may be permanent. Assess patients' hearing before, during, and after treatment with TEPEZZA and consider the benefit-risk of treatment with patients.

ADVERSE REACTIONS

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.

Please see accompanying [Full Prescribing Information](#) or visit [TEPEZZAhcp.com](https://www.tepezzahcp.com) for more information.



Amgen By Your Side can be reached at
1-833-5-TEPEZZA (1-833-583-7399)
Monday - Friday, 8 AM - 8 PM ET

To report a possible adverse event or product quality complaint, please contact Amgen at 1-866-479-6742.

Reference: 1. TEPEZZA (teprotumumab-trbw) [prescribing information] Horizon.