

# Care Coordination

» Working together to get  
a patient started on  
TEPEZZA® (teprotumumab-trbw)



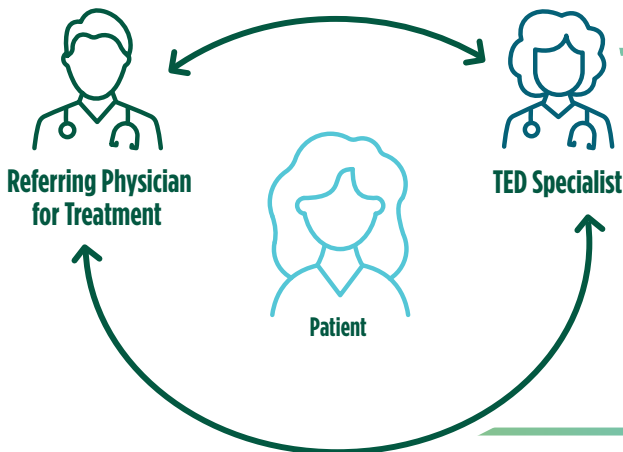
## INDICATION

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

**Please see Important Safety Information on last page.  
Please see accompanying Full Prescribing Information  
or visit [TEPEZZAhcp.com](http://TEPEZZAhcp.com) for more information.**

**TEPEZZA**®  
teprotumumab-trbw

# Continue to support your patient throughout their TED treatment



According to the latest ATA/ETA Consensus Statement, care coordination between you, a TED Specialist, and other experts is essential for optimal management of patients with Thyroid Eye Disease (TED).<sup>1</sup>

Care coordination by a multidisciplinary team is recommended to<sup>1</sup>:

- » Help ensure accurate diagnosis
- » Optimize disease management
- » Help improve patient satisfaction

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# 3 Steps for TEPEZZA Care Coordination

1

## Refer the Patient to a TED Specialist

- » **Identify** a TED Specialist in your area and **request** a TED Eye Exam
- » **Obtain** patient signature, **complete and submit** the Referral Support Form
- » **Send** your patient home with the Patient Referral Tear Sheet

2

## Connect with a TED Specialist

- » **Share** patient history and labs (thyroid and blood glucose)
- » **Set up** patient care-coordination plan
- » **Request** to be alerted when your patient starts TEPEZZA

3

## Stay Connected with the Patient's Care Team

- » **Establish** roles for monitoring patient during therapy (blood glucose, adverse events, quality of life, assessing patient's hearing)
- » **Discuss** patient progress and results on therapy

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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.

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**Reference: 1.** Burch HB, Perros P, Bednarczuk T, et al. Management of Thyroid Eye Disease: a consensus statement by the American Thyroid Association and the European Thyroid Association. *Thyroid*. 2022;32(12):1-32.



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