Mass General Brigham
Health Plan

Tepezza (teprotumumab)
Effective 02/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Teprotumumab is an insulin-like growth factor-1 receptor antagonist indicated for the treatment of Thyroid Eye Disease.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Tepezza and have not received in excess of 8 doses, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is diagnosed with Thyroid Eye Disease and documentation of at least one of the following is submitted:
    a. Lid retraction of at least 2 mm
    b. Moderate or severe soft-tissue involvement
    c. Proptosis at least 3 mm above normal values for race and gender
    d. Periodic or constant diplopia
    e. Mild corneal exposure
2. Documentation of a Clinical Activity Score of at least 4 in the more severely affected eye(s)
3. The medication is being prescribed by or in consultation with an ophthalmologist or endocrinologist
4. Member is at least 18 years of age
5. Documentation of one of the following:
    a. The member must be euthyroid with thyroid function under control
    b. The member has mild hypothyroidism or hyperthyroidism and is undergoing treatment to correct and or maintain euthyroid
6. Tepezza will not be used in combination with another biologic immunomodulator [e.g., rituximab (Rituxan, Ruxience, Truxima), Actemra (tocilizumab), Kevzara (sarilumab)

Limitations
Approvals will be granted for a maximum of 8 doses for one course of therapy per lifetime

References

1. Tepezza (teprotumumab) [prescribing information]. Lake Forest, IL: Horizon Therapeutics USA Inc; January 2020.
2. Douglas RS, Kahaly GJ, Patel A, et al. Teprotumumab for the treatment of active thyroid eye disease. *N Engl J Med*. 2020;382(4):341-352.[PubMed 31971679]10.1056/NEJMoa1910434
3. Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for thyroid-associated ophthalmopathy. *N Engl J Med*. 2017;376(18):1748-1761.[PubMed 28467880]10.1056/NEJMoa1614949

Review History
09/16/2020: Created and Reviewed at Sept P&T Meeting**.** Effective 12/01/2020.
11/16/2022: Reviewed and Updated for Nov P&T Mtg. Removed requirement that the member has had an inadequate response, tolerance or has a contraindication to glucocorticoid therapy. Separated Comm/Exch vs MH. Effective 2/1/23.
12/13/2023 – Reviewed and Updated for Dec P&T: Removed Graves disease diagnosis as Tepezza is FDA approved for Thyroid Eye Disease. Effective 2/1/2024