Mass General Brigham
Health Plan

Tepezza (teprotumumab)
Effective 03/01/2025

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
Tepezza (teprotumumab) is an insulin-like growth factor-1 receptor antagonist indicated for the treatment of Thyroid Eye Disease regardless of Thyroid Eye Disease activity or duration.

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:

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. The medication is being prescribed by or in consultation with an ophthalmologist or endocrinologist
3. Member is at least 18 years of age
4. Member meets ONE of the following:
    a. Member is euthyroid
    b. Member has mild hypothyroidism or hyperthyroidism (defined as free thyroxine and free triiodothyronine levels <50% above or below normal limits)

Limitations

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

References

1. Douglas RS, Couch S, Wester ST, et al. Efficacy and safety to teprotumumab in patients with thyroid eye disease of long duration and low disease activity. *J Clin Endocrinol Metab*. 2023;109:25-35.
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.
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
4. Tepezza (teprotumumab) [prescribing information]. Deerfield, IL: Horizon Therapeutics USA Inc; July 2023.

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
12/11/2024 – Reviewed and updated for December P&T. Removed clinical activity score requirement. Removed requirement that Tepezza will not be used with other immunomodulators. Updated euthyroid/mild hypo-/hyperthyroidism requirement from needing documentation to attestation. Defined mild hypo-/hyperthyroidism and removed requirement that it must be treated. Effective 3/1/2025.