

**Tepezza (teprotumumab)  
Effective 12/01/2020**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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 has a documented diagnosis of Graves’ disease
2. The member is diagnosed with active moderate to severe 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
3. Documentation of a Clinical Activity Score of at least 4 in the more severely affected eye(s)
4. The medication is being prescribed by or in consultation with an ophthalmologist or endocrinologist
5. Member is at least 18 years of age
6. The member has had an inadequate response, tolerance or has a contraindication to glucocorticoid therapy
7. 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
8. 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 months 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.

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