

Tepezza® (teprotumumab-trbw)
Effective 02/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

Tepezza® (teprotumumab-trbw) is a biologic that targets the insulin-like growth factor-1 (IGF-1) receptor that is indicated for the treatment of thyroid eye disease (TED) in adults.

No PA	Drugs that require PA
	Tepezza® (teprotumumab-trbw)

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication 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. Appropriate diagnosis of thyroid eye disease
2. Member is ≥18 years of age
3. Prescriber is an endocrinologist or ophthalmologist, or consult notes from an endocrinologist or ophthalmologist are provided
4. Clinical activity score (CAS) ≥4 in at least one eye
5. Physician documentation of inadequate response, adverse reaction, or contraindication to glucocorticoids (*See Appendix A for requests that document that member is not a candidate for corticosteroids*)
6. Appropriate dosing (weight required)

Continuation of Therapy

Reauthorization by physician may be granted for members who have not completed 6 months (8 doses) of treatment.

Limitations

Approvals will be granted for a maximum of 8 doses (6 months) for one course of therapy per lifetime.

Appendix

Appendix A: Requests that document member is not a candidate for Corticosteroids

- It may be reasonable to bypass corticosteroids depending on relative contraindications (e.g., obesity, elevated blood glucose) in patients for whom these would be compelling reasons to bypass steroids.
- If a prescriber is an ophthalmologist, the member has significant disease and the use of teprotumumab-trbw earlier in therapy may help avoid subsequent surgical interventions, this may be considered.

References

1. Tepezza® [package insert]. Dublin (Ireland): Horizon Therapeutics; 2020 Jan.
2. FDA Approves TEPEZZA (teprotumumab-trbw) for the Treatment of Thyroid Eye Disease (TED) [press release on the internet]. Dublin (Ireland): Horizon Therapeutics; 2020 Jan 21 [cited 2021Nov2]. Available from: <https://ir.horizontherapeutics.com/news-releases/news-release-details/fda-approves-tepezzatm-teprotumumab-trbw-treatment-thyroid-eye>.
3. Davies TF, Burch HB. Clinical features and diagnosis of Graves' orbitopathy (ophthalmopathy). In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate;2021[cited 2021 Nov 2]. Available from: <http://www.utdol.com/utd/index.do>.
4. American Thyroid Association. Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis [guideline on the internet]. Falls Church (VA): American Thyroid Association; 2016 [cited 2021Nov2]. Available from: <https://www.liebertpub.com/doi/pdfplus/10.1089/thy.2016.0229>.
5. European Thyroid Association. Guideline for the Management of Graves' Hyperthyroidism [guideline on the internet]. Altdorf, Germany: European Thyroid Association; 2018 [cited 2021Jun 2]. Available from: <https://www.karger.com/Article/Pdf/490384>
6. European Group on Graves' Orbitopathy. The 2021European Group on Graves' Orbitopathy Clinical Practice Guidelines for the medical Management of Graves' Orbitopathy [guideline on the internet]. 2021[cited 2021 Nov 22]. Available from: [https://ej.e.bioscientifica.com/configurable/content/journals\\$002feje\\$002f185\\$002f4\\$002feJE-21-0479.xml?t:ac=journals%24002feje%24002f185%24002f4%24002feJE-21-0479.xml](https://ej.e.bioscientifica.com/configurable/content/journals$002feje$002f185$002f4$002feJE-21-0479.xml?t:ac=journals%24002feje%24002f185%24002f4%24002feJE-21-0479.xml).

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. Matched MH UPPL. Separated out Comm/Exch vs MH. Effective 2/1/23.

