

**Tepezza (teprotumumab-trbw)**  
**Effective 01/06/2025**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <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		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Contact Information</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Notes</b>	Tepezza (teprotumumab-trbw) is also available on the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.		

### 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.

### 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. Diagnosis of thyroid eye disease
2. Member is  $\geq 18$  years of age
3. Prescriber is an endocrinologist or ophthalmologist, or consult notes from an endocrinologist or ophthalmologist are provided
4. Inadequate response, adverse reaction, or contraindication to glucocorticoids (*See Appendix A for requests that document that member is not a candidate for corticosteroids*)
5. 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. Additional courses of therapy beyond the initial course will be evaluated on a case-by-case basis to determine medical necessity of repeat treatment, considering severity of disease, response to prior courses of therapy, adherence to prior courses, failed alternative trials, etc.

### 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 steroids are working but the prescriber prefers steroid-sparing (steroid-free) therapy, this may be considered.
- 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.
- If the prescriber intends to target disease-specific symptoms (e.g., proptosis, diplopia) versus steroid-targeted symptoms (e.g., severe inflammation, periorbital edema), 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.

04/10/23 – Reviewed and updated for P&T. Criteria updated to reflect expansion of FDA-approval to include all TED regardless of CAS score. Effective 5/6/24

12/11/24 – Reviewed and updated for P&T. Updated formatting. Drug benefit has been changed from MBO to Dual. Effective 01/06/25

