Mass General Brigham
Health Plan

Tepezza (teprotumumab-trbw)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Tepezza (teprotumumab-trbw) is also available on the pharmacy benefit. Please see the MassHealth Drug List 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
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

1. 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. Inadequate response, adverse reaction, or contraindication to glucocorticoids *(See Appendix A for requests that document that member is not a candidate for corticosteroids)*
5. Clinical rationale for use of Tepezza instead of Lumvoa
6. No history of treatment with Lumvoa
7. 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

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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;2024 [cited 2025 Sep 12]. 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 222]. Available from: https://eje.bioscientifica.com/configurable/content/journals$002feje$002f185$002f4$002fEJE-21-0479.xml?t:ac=journals%24002feje%24002f185%24002f4%24002fEJE-21-0479.xml.
7. Kahaly GJ, Subramanian PS, Conrad E, Holt RJ, Smith TJ. Long-Term Efficacy of Teprotumumab in Thyroid Eye Disease: Follow-Up Outcomes in Three Clinical Trials. Thyroid. 2024 Jul;34(7):880-889. doi: 10.1089/thy.2023.0656. Epub 2024 Jun 2. PMID: 38824618.
8. Chen Y, Linaburg T, Wang S, Merchant G, Pradeep T, Augello PA, Ying GS, Briceño CA, Tamhankar MA. Observational Characterization of the Retreatment Course of Patients With Thyroid Eye Disease. J Neuroophthalmol. 2025 Jan 9;45(3):338-342. doi: 10.1097/WNO.0000000000002280. PMID: 39780310.
9. Huang W, Ou X, Lin S, Lin W, Chen G, Huang H, Wen J. Efficacy and Safety of Teprotumumab in Thyroid Eye Disease: A Systematic Review and Meta-Analysis. Endocr Pract. 2025 May;31(5):640-649. doi: 10.1016/j.eprac.2025.01.012. Epub 2025 Feb 12. PMID: 39952471

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

08/13/25 – Reviewed and updated for P&T. Part of annual review. No clinical changes. Updated formatting. Effective 9/1/25
11/4/26 – Reviewed and updated for P&T. Updated formatting and references. criteria was updated to require clinical rationale for use of Tepezza instead of Lumvoa and confirmation of no historical treatment with Lumvoa was also added. Effective 01/04/27