

<b>Policy Name:</b>	<b>Tepezza (teprotumumab)</b>	<b>Policy #:</b>	<b>2755P</b>
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## Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Tepezza.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Tepezza under the specialty medical benefit or Medicare Part B when applicable when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Documented diagnosis of Graves' Disease and documented active Graves' ophthalmopathy (thyroid eye disease) with ALL of the following:
  - Lid retraction of > 2mm
  - Moderate to severe soft tissue involvement
  - Proptosis (bulging eyes)  $\geq$  3mm above normal values
- 1.2 Ordered by an endocrinologist (hormone doctor) or ophthalmologist (eye doctor)
- 1.3 Age 18 years or older
- 1.4 Documented lab results indicating that the patient is euthyroid (normal thyroid function)
  - Lab results documenting thyroxine and free triiodothyronine levels less than 50% above or below normal limits are also acceptable
- 1.5 Documented failure, intolerance, or contraindication to glucocorticoid therapy as described below:
  - Trial should be of either oral prednisone 30mg/day for four weeks or IV methylprednisolone 500mg once weekly for weeks 1 to 6, then 250mg once weekly for weeks 7 to 12 with a cumulative dose of 4.5 to 5 grams over 12 weeks
  - If initial oral dose is ineffective, higher doses may be required and a switch to the IV route should be made
- 1.6 Review of chart notes and labs documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Tepezza by both a pharmacist and medical director

### 2. Exclusion Criteria

- 2.1 Prior orbital decompression surgery

### 3. Approval Period

- 3.1 6 month lifetime approval with a maximum of 8 infusions
  - The recommended dose of Tepezza is 10mg/kg IV for the initial dose followed by 20mg/kg IV every three weeks for 7 additional infusions

## CPT Codes

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## HCPCS Codes

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## References

1. Tepezza (teprotumumab) [prescribing information]. Deerfield, IL: Horizon Therapeutics USA Inc; July 2023.
2. Burch HB, Perros P, Cooper DS, et al. Management of Thyroid Eye Disease: A Consensus Statement by the American Thyroid Association and the European Thyroid Association. *Thyroid*. 2022 Dec;32(12):1439-1470.

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### DISCLAIMER

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