

<b>POLICY NAME</b>	Tepezza (teprotumumab)	<b>POLICY #</b>	2755P
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of Graves' Disease and documented active Graves' ophthalmopathy (thyroid eye disease) with ALL of the following:
  - Lid retraction of  $> 2\text{mm}$
  - Moderate to severe soft tissue involvement
  - Proptosis (bulging eyes)  $\geq 3\text{mm}$  above normal values
- ☐ Ordered by an endocrinologist (hormone doctor) or ophthalmologist (eye doctor)
- ☐ Age 18 years or older
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Prior orbital decompression surgery