

POLICY NAME	Tepezza (teprotumumab)	POLICY #	2755P
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Criteria

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) ≥ 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

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Prior orbital decompression surgery