

**POLICY NAME**

Tepezza (teprotumumab)

**POLICY #**

2755P

## Criteria

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

- ☐ 2.1 Prior orbital decompression surgery

### 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