



NHS MEDICAL POLICY

Tepezza (teprotumumab) Medicine 2022-002

Tepezza is the first FDA approved agent to treat TED is a fully human insulin-like growth factor-1 (IgG1) monoclonal antibody that competitively inhibits the IgG1 receptor. Tepezza is used to treat Thyroid Eye Disease (TED), otherwise known as Graves' Orbitopathy or Graves' Ophthalmopathy.

Requests for one course of Tepezza (teprotumumab-trbw) may be approved if the following criteria are met

1	Member is 18 years of age or older; And I. Individual has a diagnosis of Thyroid Eye Disease; AND II. Documentation is provided that individual has symptomatic moderate to severe disease, as defined by one or more of the following: A. Lid retraction ≥ 2 mm; OR B. Moderate or severe soft tissue involvement; OR C. Proptosis ≥ 3 mm above normal for race and gender; OR D. Intermittent or constant diplopia; AND III. Documentation is provided that individual has a clinical activity score (CAS) greater than or equal to 4 in the more severely affected eye; AND IV. Documentation is provided that one of the following applies: A. Thyroid function tests are provided and are within normal limits as defined by laboratory standard (i.e., individual is euthyroid), OR B. Thyroid function tests show free thyroxine (T4) and free triiodothyronine (T3) levels less than 50% above or below normal limits as defined by laboratory standard.
2	I. Individual has not had prior orbital irradiation or eye surgery for TED; OR II. Individual has does not have decreased best-corrected visual acuity due to optic neuropathy as defined by decrease in vision of 2 lines on the Snellen chart, new visual field defect, or color defect; OR III. Individual has not been unresponsive corneal decompensation
3	Prescribed or in consultation with one of the following: • Endocrinologist Specialist with expertise in the treatment of TED (i.e., Ophthalmologist)

SOURCES

Aetna Clinical Policy Bulletins/Medical Clinical Policy Bulletins Number: 0419 Effective Date: 5/12/2020 Last review 4/8/22

Anthem Blue Cross Blue Shield. Tepezza Clinical Criteria. Retrieved from <https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html> 06/20/2022

Optum RX SP Prior Authorization Guidelines Effective Date: 5/1/22

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

J3241

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee
06/27/2025	Annual review and approval by UM/QM Committee
06/25/2026	Annual review and approval by UM/QM Committee