



## S sTepezza<sup>®</sup> (teprotumumab-trbw) (Intravenous)

Document Number: SHP-0525

Last Review Date: 05/04/2023

Date of Origin: 02/04/2020

Dates Reviewed: 02/2020, 10/2020, 01/2021, 02/2021, 01/2022, 01/2023, 05/2023

### I. Length of Authorization <sup>1</sup>

Coverage will be provided for 6 months (max total of 8 infusions) and may NOT be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Tepezza 500 mg single-dose vial for injection: 3 vials for initial dose followed by 5 vials for each of 7 additional doses

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 115 billable units initially followed by 230 billable units every 3 weeks thereafter for a total of 8 doses

### III. Initial Approval Criteria <sup>1</sup>

Submission of medical records (chart notes) related to the medical necessity criteria is **REQUIRED** on all requests for authorizations. Records will be reviewed at the time of submission. Please provide documentation related to diagnosis, step therapy, and clinical markers (i.e. genetic and mutational testing) supporting initiation when applicable. Medical records may be submitted via direct upload through the PA web portal or by fax.

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria <sup>1-3</sup>

- Must be prescribed by, or in consultation with, a specialist in ophthalmology, endocrinology, oculoplastic surgery or neuro-ophthalmology; **AND**

- Patient has not had a decrease in best corrected visual acuity (BVCA) due to optic neuropathy within the previous six months (i.e., decrease in vision of 2 lines on the Snellen chart, new visual field defect, or color defect secondary to optic nerve involvement); **AND**
- Patient is euthyroid [Note: mild hypo- or hyperthyroidism is permitted which is defined as free thyroxine (FT4) and free triiodothyronine (FT3) levels less than 50% above or below the normal limits (every effort should be made to correct the mild hypo- or hyperthyroidism promptly)]; **AND**
- Patient does not have corneal decompensation that is unresponsive to medical management; **AND**
- Patient does not have uncontrolled diabetes; **AND**
- Used as single agent therapy; **AND**

#### **Thyroid Eye Disease (TED) † Φ<sup>1-8,10</sup>**

- Patient has a clinical diagnosis of TED that is related to Graves' Disease (i.e., Graves' orbitopathy); **AND**
  - Patient has active disease; **AND**
    - Patient had an inadequate response, or there is a contraindication or intolerance, to high-dose intravenous glucocorticoids; **OR**
  - Patient has inactive disease

† FDA Approved Indication(s); ‡ Compendium Recommended Indication(s); Φ Orphan Drug

#### **IV. Renewal Criteria<sup>1</sup>**

Coverage cannot be renewed.

#### **V. Dosage/Administration<sup>1</sup>**

Indication	Dose
Thyroid Eye Disease	Administer 10 mg/kg intravenously initially, then 20 mg/kg intravenously every three weeks for 7 additional infusions (8 infusions total).  Administer the diluted solution intravenously over 90 minutes for the first two infusions. If well tolerated, the minimum time for subsequent infusions can be reduced to 60 minutes. If not well tolerated, the minimum time for subsequent infusions should remain at 90 minutes.

#### **VI. Billing Code/Availability Information**

HCPCS code:

- J3241 – Injection, teprotumumab-trbw, 10 mg: 1 billable unit = 10 mg

NDC:

- Tepezza 500 mg single-dose vial for injection: 75987-0130-xx

## VII. References

1. Tepezza [package insert]. Dublin, Ireland; Horizon Therapeutics Ireland, DAC; April 2023. Accessed April 2023.
2. Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for Thyroid-Associated Ophthalmopathy. *N Engl J Med* 2017; 376:1748-1761. DOI: 10.1056/NEJMoa1614949
3. Douglas RS, Sile S, Thompson EH, et al. Teprotumumab Treatment Effect on Proptosis in Patients With Active Thyroid Eye Disease; Results From a Phase 3, Randomized, Double-Masked, Placebo-Controlled, Parallel-Group, Multicenter Study. *Amer Assoc of Clin Endo.* Los Angeles: Endocrine Practice; 2019.
4. Patel A, Yang H, Douglas RS. Perspective: A New Era in the Treatment of Thyroid Eye Disease. *Am J Ophthalmol* 2019;208:281–288.
5. Ross DS, Burch HB, Cooper DS, et al. 2016 . 2016;26(10):1343.
6. Mourits MP, Koornneef L, Wiersinga WM, et al. Clinical criteria for the assessment of disease activity in Graves' ophthalmopathy: a novel approach. *Br J Ophthalmol.* 1989 Aug; 73(8): 639–644.
7. Mourits MP, Prummel MF, Wiersinga WM, et al. Clinical activity score as a guide in the management of patients with Graves' ophthalmopathy. *Clin Endocrinol (Oxf).* 1997 Jul;47(1):9-14.
8. Bartalena L, Baldeschi L, Boboridis K, et al. The 2016 European Thyroid Association/European Group on Graves' Orbitopathy Guidelines for the Management of Graves' Orbitopathy. *Eur Thyroid J.* 2016 Mar;5(1):9-26.
9. Ye X, Bo X, Hu X, et al. Efficacy and safety of mycophenolate mofetil in patients with active moderate-to-severe Graves' orbitopathy. *Clin Endocrinol (Oxf).* 2017;86(2):247.
10. Zang S, Ponto KA, Kahaly GJ. Intravenous Glucocorticoids for Graves' Orbitopathy: Efficacy and Morbidity. *J Clin Endocrinol Metab.* 2011 Feb;96(2):320-32.
11. Bartalena L, Kahaly G, Baldeschi L, et al. The 2021 European Group on Graves' orbitopathy (EUGOGO) clinical practice guidelines for the medical management of Graves' orbitopathy. *European Journal of Endocrinology.* 27 Aug 2021. <https://doi.org/10.1530/EJE-21-0479>

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC