Prior Authorization Review Panel

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CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 02/01/2022**
Policy Number: PA.CP.PHAR.465	**Effective Date: 04/2020** **Revision Date: 01/2022**
Policy Name: Teprotumumab (Tepezza)	

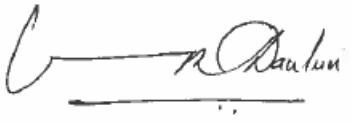
Type of Submission – Check all that apply:

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review - No Revisions**
- ☐ **Statewide PDL** - *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

1Q 2022 annual review: references reviewed and updated.

Name of Authorized Individual (Please type or print): **Venkateswara R. Davuluri, MD**	**Signature of Authorized Individual:** 

Clinical Policy: Teprotumumab (Tepezza)

Reference Number: PA.CP.PHAR.465
Effective Date: 04/2020
Last Review Date: 01/2022

Coding Implications
Revision Log

Description
Teprotumumab (Tepezza™) is an insulin-like growth factor 1 receptor (IGF-1R) inhibitor.

FDA Approved Indication(s)
Tepezza is indicated for the treatment of thyroid eye disease (TED).

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness® that Tepezza is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Thyroid Eye Disease (must meet all)**:**

1. Diagnosis of Graves' disease with associated TED (i.e., Graves' ophthalmopathy, Graves' orbitopathy);
2. Member has active TED with a clinical activity score (CAS) of ≥ 4 (see *Appendix D*);
3. Prescribed by or in consultation with an ophthalmologist;
4. Age ≥ 18 years;
5. Documentation of recent (within the last 30 days) FT4 and FT3 levels within the laboratory defined reference range, and one of the following (a or b):
   a. Member is euthyroid per laboratory-defined reference range with baseline disease under control;
   b. Member has mild hypo- or hyperthyroidism (defined as free thyroxine [FT4] and free triiodothyronine [FT3] levels < 50% above or below the normal limits) with documentation of treatment plan to ensure hypo- or hyperthyroidism is promptly corrected and maintained for duration of treatment with Tepezza;
6. Member has not had previous surgical intervention for TED;
7. Member does not require surgical ophthalmological intervention;
8. Failure of a 4-week trial of a systemic corticosteroid (at up to maximally indicated doses), unless clinically significant adverse effects are experienced or all are contraindicated;
9. Member has not received ≥ 8 Tepezza infusions (including the initial 10 mg/kg first infusion);
10. Dose does not exceed a single 10 mg/kg dose followed by seven 20 mg/kg infusions given every 3 weeks.

Approval duration: 6 months (up to 8 total lifetime infusions)

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Thyroid Eye Disease (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy as evidenced by both of the following (a and b):
   a. Reduction in proptosis ≥ 2 mm;
   b. Reduction in CAS from baseline of ≥ 2 points;
3. Member has not had previous surgical intervention for TED;
4. Member does not require surgical ophthalmological intervention ;
5. Member has not received ≥ 8 Tepezza infusions (including the initial 10 mg/kg first infusion);
6. If request is for a dose increase, new dose does not exceed a total of seven 20 mg/kg infusions given every 3 weeks.

Approval duration: 6 months (up to 8 total lifetime infusions)

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
CAS: clinical activity score
FDA: Food and Drug Administration
TED: thyroid eye disease

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
prednisone	30 mg/day PO	30 mg/day
methylprednisolone (SOLU-Medrol®)	500 mg IV once weekly for weeks 1 to 6, then 250 mg IV once weekly for weeks 7-12	500 mg/week

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generi

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information
- The Graves' orbitopathy CAS elements below are each assigned a score of 1. Graves' orbitopathy is considered active in patients with a CAS of ≥ 3 (Ross et al., 2016 American Thyroid Association Guidelines). The Phase 3 clinical trial evaluating teprotumumab enrolled patients with a CAS of ≥ 4 (Smith et al. 2017).
  - Painful feeling behind the globe over last four weeks
  - Pain with eye movement during last four weeks
  - Redness of the eyelids
  - Redness of the conjunctiva
  - Swelling of the eyelids
  - Chemosis (edema of the conjunctiva)
  - Swollen caruncle (flesh body at medial angle of eye)
  - Increase in proptosis ≥ 2 mm
  - Decreased eye movements ≥ 5° any direction
  - Decreased visual acuity ≥ 1 line on Snellen chart

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
TED	Initial: 10 mg/kg IV one time dose Maintenance: 20 mg/kg IV every 3 weeks for seven infusions	See dosing regimen

VI. Product Availability
Single-dose vial: 500 mg

VII. References
1. Tepezza Prescribing Information. Lake Forest, IL: Horizon Therapeutics USA, Inc.; January 2020. Available at: https://www.hzndocs.com/TEPEZZA-Prescribing-Information.pdf. Accessed October 7, 2021.
2. NCT03298867 in ClinicalTrials.gov. NIH U.S. National Library of Medicine. Accessed October 7, 2021.
3. Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. Thyroid 2016; 26:1343.
4. Mourits MP, Prummel MF, Wiersinga WM, Koornneef L. Clinical activity score as a guide in the management of patients with Graves' ophthalmopathy. Clin Endocrinol (Oxf) 1997; 47:9.
5. Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for Thyroid-Associated Ophthalmopoathy. NEJM 2017; 376 (18): 1748-1761.
6. Patel KN, Yip L, Lubitz CC, et al. The American Association of Endocrine Surgeons Guidelines for the Definitive Surgical Management of Thyroid Disease in Adults. Annals of Surgery: March 2020; 271 (3): e21-e93.

7. Bartalena L, Kahaly GJ, 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 August 2021; 185 (4): G43-G67.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	04/2020	
Added requirement that member has not had previous surgical intervention for TED consistent with clinical trial exclusion criteria.	07/2020	
1Q 2021 annual review: corrected erroneous criterion for continued therapy to read "Member does not require surgical ophthalmological intervention"; references reviewed and updated.	01/2021	
1Q 2022 annual review: references reviewed and updated.	01/2022	