Tepezza® (teprotumumab-trbw) (Intravenous)

Effective Date: 08/01/2020
Review Date: 07/27/2020, 06/24/2021
Revision date: 07/27/2020
Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

I. Length of Authorization

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 1,2,3,4

Coverage is provided in the following conditions:

MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

- Patient is at least 18 years old; AND
- 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 poorly controlled diabetes; AND
- Must be used as single agent therapy and Tepezza cannot be used for retreatment; AND
Thyroid Eye Disease (TED) †

- Patient has a clinical diagnosis of TED that is related to Graves’ Disease (i.e., Graves’ orbitopathy); AND
- Patient has a baseline clinical activity score (CAS) of at least 4; AND
- Patient has active phase TED that is non-sight threatening but has a significant impact on daily living (e.g., lid retraction ≥ 2 mm, moderate or severe soft tissue involvement, exophthalmos ≥ 3 mm above normal for race and gender, and/or inconstant or constant diplopia); AND
- Patient’s onset of TED symptoms occurred within the previous 9 months; AND
- Patient had an inadequate response, or there is a contraindication or intolerance, to high-dose intravenous glucocorticoids

† FDA Approved Indication(s); ‡ Compendium Recommended Indication(s)

IV. Renewal Criteria

Coverage cannot be renewed.

V. Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Thyroid Eye Disease</td>
<td>10 mg/kg intravenously initially, then 20 mg/kg IV every three weeks for 7 additional infusions</td>
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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


Appendix 1 – Covered Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<tr>
<td>E05.00</td>
<td>Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm (hyperthyroidism)</td>
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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) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: [http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx](http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx). Additional indications may be covered at the discretion of the health plan.

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

<table>
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<th>Jurisdiction</th>
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<th>Contractor</th>
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<td>E (1)</td>
<td>CA, HI, NV, AS, GU, CNMI</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<tr>
<td>5</td>
<td>KS, NE, IA, MO</td>
<td>Wisconsin Physicians Service Insurance Corp (WPS)</td>
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<td>6</td>
<td>MN, WI, IL</td>
<td>National Government Services, Inc. (NGS)</td>
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<td>H (4 &amp; 7)</td>
<td>LA, AR, MS, TX, OK, CO, NM</td>
<td>Novitas Solutions, Inc.</td>
</tr>
<tr>
<td>8</td>
<td>MI, IN</td>
<td>Wisconsin Physicians Service Insurance Corp (WPS)</td>
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<td>N (9)</td>
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<td>First Coast Service Options, Inc.</td>
</tr>
<tr>
<td>J (10)</td>
<td>TN, GA, AL</td>
<td>Palmetto GBA, LLC</td>
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### Medicare Part B Administrative Contractor (MAC) Jurisdictions

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<td>M (11)</td>
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<tr>
<td>K (13 &amp; 14)</td>
<td>NY, CT, MA, RI, VT, ME, NH</td>
<td>National Government Services, Inc. (NGS)</td>
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<td>15</td>
<td>KY, OH</td>
<td>CGS Administrators, LLC</td>
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