

# Teprotumumab



**Included Products:** Tepezza (teprotumumab-trbw)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 04/24/2020

Revised: 09/14/2023

Reviewed: 09/14/2023

Updated: 10/01/2023

## All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of Graves' Disease?	Continue to #2	Do not approve. Use is investigational.
2.	Has the patient been assessed by a specialized ophthalmologist (neuro-ophthalmologist or ocular facial plastic surgeon)?	Continue to #3.	Do not approve.
3.	Does the patient have diabetes and an HbA1C% of over 9%?	Do not approve.	Continue to #4.
4.	Is the patient euthyroid?	Continue to #5.	Do not approve.
5.	Does the patient have immediate sight-threatening disease?	Do not approve.	Continue to #6.
6.	Does the patient have moderate to severe TED?	Continue to #7.	Do not approve.
7.	Does the patient have significant proptosis and/or diplopia?	Continue to #9.	Continue to #8.
8.	Has the member failed or the provider submitted an acceptable statement to avoid ALL of the following OR that they were tried and failed: a. 3 weeks of high dose corticosteroids b. Alternative, but off-label supported therapies such as Actemra or rituximab.	Continue to #9.	Do not approve.
9.	Approve for 6 months.		