



## MEDICAL COVERAGE POLICY

**SERVICE: Medicaid Teprotumumab-trbw (Tepezza)**

**Policy Number: 277**

**Effective Date: 12/01/2020**

**Last Review: 10/22/2020**

**Next Review Date: 10/22/2021**

### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

**SERVICE:** Teprotumumab-trbw (Tepezza)

**PRIOR AUTHORIZATION:** Required

**POLICY:** For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Teprotumumab-trbw (Tepezza) may be medically necessary for the treatment of thyroid eye disease (TED) when the following criteria are met:

- Prescribed by or in consultation with an ophthalmologist or endocrinologist
- Member has a diagnosis of Graves' disease associated with active TED
- Member has active TED with a clinical activity score (CAS) of 4 or greater
- Member is euthyroid, or member has either mild hypothyroidism or mild hyperthyroidism
- Member has no history of prior surgical intervention for TED and does not plan to have surgical treatment while on Teprotumumab-trbw (Tepezza)
- Member may not exceed the course of eight total infusions per lifetime

### OVERVIEW:

Thyroid eye disease (TED), also known as Graves' orbitopathy or thyroid-associated ophthalmopathy, is a rare, debilitating autoimmune disease with an incidence of 1.9 cases per 10,000 population per year. TED is a serious, progressive and vision-threatening rare autoimmune disease that is associated with proptosis (eye bulging), diplopia (double vision), blurred vision, pain, inflammation and facial disfigurement.

The insulin-like growth factor I receptor (IGF-1R), which is overexpressed by orbital fibroblasts and B and T cells in Graves' disease and thyroid eye disease, plays a central role.

Teprotumumab-trbw, an insulin-like growth factor-1 receptor inhibitor, binds to IGF-1R and blocks its activation and signaling. Teprotumumab-trbw's mechanism of action in patients with Thyroid Eye Disease has not been fully characterized.

### MANDATES:

### CODES:

Medicaid Teprotumumab-trbw (Tepezza)



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*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT Codes:	
ICD10 codes:	E05.00 - Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
ICD10 Not covered:	
HCPCS Codes	C9061 - Injection, teprotumumab-trbw, 10 mg

**CMS:**

**POLICY HISTORY:**

Status	Date	Action
New	10/22/2020	New policy

**REFERENCES:**

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Texas Medicaid Provider Procedures Manual: <http://www.tmhp.com/resources/provider-manuals/tmppm>.
2. Tepezza (teprotumumab-trbw) [prescribing information]. Lake Forest, IL: Horizon Therapeutics USA, Inc.; 2020.
3. Douglas RS, Kahaly GJ, Patel A, et al. Teprotumumab for the treatment of active thyroid eye disease. N Engl J Med. 2020;382(4):341.
4. Horizon Therapeutics. [2020]. First and Only FDA-Approved Medicine for Thyroid Eye Disease. Retrieved from <https://www.horizontherapeutics.com/PDFs/Facts-About-TEPEZZA.pdf>.