

SmartPA Criteria Proposal

Drug/Drug Class:	Tepezza Clinical Edit
First Implementation Date:	October 1, 2020
Proposed Date:	July 18, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Tepezza® (teprotumumab-trbw)

Why Issue Selected: Tepezza® (teprotumumab-trbw) was FDA approved on January 21, 2020, in adults for the treatment of thyroid eye disease (TED), also known as Graves' orbitopathy. Tepezza is an insulin-like growth factor-1 (IGF-1) receptor inhibitor; it is believed that immunoglobulins signal insulin-like growth factor in patients with Graves' disease. TED is a rare condition where the muscles and fatty tissues behind the eye become inflamed, causing the eyes to be pushed forward and bulge outwards (proptosis). Proptosis is often accompanied by pain and diplopia and in some cases, facial disfigurement. Blindness has been reported in severe cases, and the disease can have negative impacts on quality of life. It is believed there are 15,000-20,000 individuals in the United States with TED. Roughly 90% of TED patients have Graves' disease, and 40% of Graves' disease patients have TED. On April 14 2023, Tepezza received and expanded indication for treatment of all patients with TED of any activity or duration, rather than only those patients with acute disease manifestations. Tepezza is given as an outpatient infusion for 8 total doses; dosing is initiated with 10mg/kg for the first infusion followed by 20mg/kg every 3 weeks for a total of 8 doses over 24 weeks. Re-treatment is not currently supported by clinical data. Tepezza's label includes several warnings, including exacerbation of preexisting inflammatory bowel disease, hyperglycemia, and fetal harm in pregnant women. Due to the possible adverse events and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Tepezza.

Program-Specific Information:	Date Range FFS 4-1-2022 to 3-31-2023			
	Drug	Claims	Spend	Avg Spend per Claim
	TEPEZZA 500 MG VIAL	13	\$790,726.41	\$60,825.11

Type of Criteria: ☒ Increased risk of ADE ☐ Preferred Drug List
☒ Appropriate Indications ☒ Clinical Edit

Data Sources: ☐ Only Administrative Databases ☒ Databases + Prescriber-Supplied

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Setting & Population

- Drug class for review: Tepezza™ (teprotumumab-trbw)
- Age range: All appropriate MO HealthNet participants aged 18 years and older

Approval Criteria

- Participant is aged 18 years or older **AND**
- Prescribed by or in consultation with an ophthalmologist, endocrinologist, or other appropriate specialist for the treated disease state **AND**
- ~~Documentation Documented diagnosis of active moderate to severe TED defined as 2 or more of the following:~~
 - ~~○ Lid retraction of >2mm~~
 - ~~○ Moderate or severe soft-tissue involvement~~
 - ~~○ Proptosis ≥ 3mm above ULN for race and sex~~
 - ~~○ Periodic or constant diplopia~~
 - ~~○ Documented diagnosis of exophthalmos AND~~
- ~~Proptosis ≥ 3mm above ULN for race and sex, or ≥ 3mm above patient's baseline~~
- ~~Documentation of baseline Clinical Activity Score ≥ 4 AND~~
- Failure to achieve desired therapeutic outcomes with an adequate therapeutic trial of glucocorticoids (defined as at least 1 month of therapy) or documented ADE/ADRs or contraindications to glucocorticoid therapy **AND**
- Documentation of labs reporting participant is euthyroid prior to initiation of treatment **AND**
- For participants with a diagnosis of diabetes, adequately controlled blood glucose prior to initiation of treatment

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Claim exceeds 8 doses per lifetime
- Participant is currently pregnant

Required Documentation

Laboratory Results:
MedWatch Form:

X

Progress Notes:
Other:

X
X

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

6 months

References

- Tepezza (teprotumumab) [prescribing information]. Lake Forest, IL: Horizon Therapeutics USA Inc; April 2023.

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- Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for thyroid-associated ophthalmopathy. N Engl J Med. 2017;376(18):1748-1761.[PubMed 28467880]10.1056/NEJMoa1614949
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- IPD Analytics. New Drug Review: Tepezza (teprotumumab-trbw). February 2020.

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