

Clinical Oversight Review Board (CORB) Criteria for Prescribing Teprotumumab-trbw (Tepezza)

Notes:

- Quantity Limits: No

Non-Formulary **teprotumumab-trbw (Tepezza)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **teprotumumab-trbw (Tepezza)** will be covered on the prescription drug benefit when the following criteria are met:

- Patent is at least 18 years of age
- Confirmed diagnosis of active Thyroid Eye Disease (TED) w/
 - Clinical Activity Score (CAS) ≥ 4 (on the 7-item scale)
 - Moderate to Severe active TED associated with at least one of the following:
 - Lid retraction ≥ 2 mm
 - Moderate or severe soft tissue involvement
 - Exophthalmos ≥ 3 mm above normal for race and gender
 - Intermittent or constant diplopia
- Inadequate response/intolerance/contraindication to IV Steroid therapy with or w/o radiation therapy
- Euthyroid
- For females of reproduction potential
 - Agree to use of adequate contraception initiated prior to treatment and continued for at least 6 months post-treatment
- Not have any of the following exclusion criteria:
 - Active tobacco smoker
 - HbA1C $>9\%$
 - Clinically inactive or mild TED (decrease in CAS ≥ 2 points or decrease in proptosis of ≥ 2 mm from baseline to treatment initiation)
 - Presence of sight-threatening complications
 - Pre-existing inflammatory bowel disease (IBD)
 - Pregnancy or breastfeeding
 - Current drug or alcohol abuse (within 6 months prior to treatment)
 - Untreated or uncontrolled human immunodeficiency virus (HIV), hepatitis C or hepatitis B infection.
 - Consider exclusion if malignant condition in past 12 mos (except successfully treated basal/squamous cell carcinoma of skin)

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Revised: 02/08/24
Effective: 04/04/24

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- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use this medication

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