

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

March 31, 2025

TEPROTUMUMAB-TRBW (TEPEZZA) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Teprotumumab-trbw (Tepezza) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2025**, the quantity limit for Tepezza will be updated. **This letter is a notification of the change in prior authorization criteria required before administering this medication in a physician's office.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Tepezza (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Teprotumumab-trbw	<p>Covered for adult patients ≥ 18 years old with thyroid eye disease (TED) who meet all of the following:</p> <ul style="list-style-type: none"> • Confirmed diagnosis of active TED by an oculoplastic surgeon • Clinical Activity Score (CAS) ≥ 4 (on the 7-item scale) • Moderate-to-severe active TED (not sight-threatening but has appreciable impact on daily life), associated with at least one of the following: <ul style="list-style-type: none"> ○ 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, or contraindication to either of the following, with or without radiation therapy. <ul style="list-style-type: none"> ○ IV methylprednisolone plus oral mycophenolate mofetil OR ○ High dose IV methylprednisolone • Confirmation that patient is euthyroid • Documentation of hemoglobin A1c $< 9\%$ <p>Required documentation:</p> <ul style="list-style-type: none"> • Hemoglobin A1c • Thyroid function tests and thyroid stimulating immunoglobulins • Screening for HIV, Hepatitis B, and Hepatitis C • Pregnancy test (if patient of childbearing potential) <p>Not covered for patients who:</p> <ul style="list-style-type: none"> • Actively smoke • Current drug or alcohol abuse (within 6 months prior to treatment) • Untreated or uncontrolled human immunodeficiency virus (HIV), Hepatitis C or Hepatitis B infection

DRUG NAME	COVERAGE CRITERIA
	<ul style="list-style-type: none"> • Clinically inactive disease or mild disease (e.g., decrease in CAS \geq 2 point or decrease in proptosis of \geq 2 mm from baseline to treatment initiation) • Presence of sight-threatening complications • Pre-existing inflammatory bowel disease <p>Note: If patient is steroid refractory, may consider treatment with at least one of the following: orbital decompression, tocilizumab, or rituximab (e.g., Riabni).</p> <p>Note: Prior to treatment initiation, an Interregional Consultative Physician Panel should review patients.</p> <p>Quantity Limit:</p> <ul style="list-style-type: none"> • Limited to one treatment course (8 infusions) per lifetime based on 10 mg/kg* as a single dose followed by 20 mg/kg/dose* every 3 weeks for additional 7 doses. • The safety and efficacy of re-treatment has not been established. • *The approved dose will be rounded down to the nearest 500 mg vial size when the resulting reduction is less than 10% of the maximum allowed dose. <p>Members will have in-network benefit coverage for select home infused medications and supplies only when they get these medicines and supplies through Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. See Infused Drugs Restricted to Kaiser Permanente Washington's Specialty Pharmacy Network for medications impacted by this change.</p>

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee