



**Thyroid Eye Disease  
Tepazza (teprotumumab-trbw) J3241  
Prior Authorization Request  
Medicare Part B Form**

Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	<b>Standard Request– (72 Hours)</b>	<input type="checkbox"/>	<b>Urgent Request</b> (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			
<b>MEMBER INFORMATION</b>			

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

<b>PRESCRIBER INFORMATION</b>
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\*Name: \_\_\_\_\_  MD  FNP  DO  NP  PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

<b>DISPENSING PROVIDER / ADMINISTRATION INFORMATION</b>
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\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>PROCEDURE / PRODUCT INFORMATION</b>
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HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Self-administered  Provider-administered  Home Infusion

Chart notes attached. **Other important information:** \_\_\_\_\_

<b>Diagnosis: ICD10:</b> _____	<b>Description:</b> _____
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Provider attests the diagnosis provided is an FDA-Approved indication for this drug

<b>CLINICAL INFORMATION</b>
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- New Start or Initial Request: (Clinical documentation required for all requests)**
- Diagnosis of Graves' disease
- Patient is euthyroid or has thyroxine and free triiodothyronine levels less than 50% above or below normal limits
- Clinical Activity Score of greater than or equal to 4
- Onset of TED symptoms is within 9 months of request for treatment
- Documentation showing the member has tried and failed or had an intolerance or contraindication to at least one of the following:
  - Intravenous Corticosteroids
  - Rituximab or any of its biosimilars
  - Surgical management

**Continuation Requests: (Clinical documentation required for all requests)**

- Prescribed by, or in consultation with, an oncologist, an endocrinologist or specialist experienced in the treatment of metabolic bone disorders; and
- Patient has experienced a positive clinical response to burosumab (e.g., enhanced height velocity, improvement in skeletal deformities, reduction of fractures, reduction of generalized bone pain);

If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

## Prior Authorization Group – Thyroid Eye Disease PA

### Drug Name(s):

TEPAZZA

TEPROTUMUMAB-TRBW

### Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

N/A

### Prescriber Restrictions:

N/A

### Coverage Duration:

Approvals will be for 12 months

### FDA Indications:

Tepazza

- Thyroid eye disease

### Off-Label Uses:

N/A

### Age Restrictions:

Safety and effectiveness have not been established in pediatric patients

### Other Clinical Considerations:

N/A

### Resources:

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/236DAA/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/42A666/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932815&contentSetId=100&title=Teprotumumab-trbw&servicesTitle=Teprotumumab-trbw&brandName=Tepezza&UserMdxSearchTerm=tepezza&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/236DAA/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/42A666/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932815&contentSetId=100&title=Teprotumumab-trbw&servicesTitle=Teprotumumab-trbw&brandName=Tepezza&UserMdxSearchTerm=tepezza&=null#)