

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Tezspire (tezepelumab-eeko)
BENEFIT TYPE	Medical or Pharmacy
STATUS	Prior Authorization Required

Tezspire (tezepelumab-eeko) is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody approved in 2021 for the add-on maintenance treatment of severe asthma. Tezspire is the first monoclonal antibody to act on TSLP. Blocking TSLP with tezepelumab-ekko reduces biomarkers and cytokines associated with inflammation including blood eosinophils, airway submucosal eosinophils, IgE, FeNO, IL-5, and IL-13; however, the mechanism of tezepelumab-ekko action in asthma has not been definitively established.

Tezspire (tezepelumab-eeko) will be considered for coverage when the following criteria are met:

Asthma

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist; AND
3. Member has diagnosis of severe asthma; AND
4. Member has at least two documented severe asthma exacerbations requiring corticosteroids or at least one requiring hospitalization, within the last year; AND
5. Member's asthma has been inadequately controlled after 3 months of conventional treatment on medium to high doses of inhaled corticosteroids (ICS) and long-acting beta 2-agonists (LABA); AND
6. Medication is being used as add-on maintenance treatment to conventional therapies for asthma (i.e. ICS, LABA, etc.); AND
7. Medication is not used in conjunction with any other biologic therapy for asthma; AND
8. **Dosage allowed/Quantity limit:** 210 mg (1 vial, syringe or pen) every 28 days. Quantity Limit: 1 vial, syringe or pen per 28 days.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes have been provided that show the member has demonstrated improvement (i.e. increased FEV1, decreased rate of exacerbations or decreased utilization of oral corticosteroids, etc.).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Tezspire (tezepelumab-eeko) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
02/1/2022	New policy for Tezspire created.
07/06/2022	Added permanent J code.
3/13/2023	Updated references. Added pharmacy benefit option and pen dosage form. Added quantity limit. Simplified reauthorization criteria. Added mechanism of action to the background information.

References:

1. Tezspire. Package insert. AstraZeneca; 2023. Accessed March, 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/761224s000lbl.pdf
2. Menzies-Gow A, Corren J, Bourdin A, et al. Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma. *N Engl J Med.* 2021; 384:1800-1809. DOI: 10.1056/NEJMoa2034975
3. Corren J, Parnes JR, Want L, et. at. Tezepelumab in Adults with Uncontrolled Asthma. *N Engl J Med.* 2017; 377:936-946. DOI: 10.1056/NEJMoa1704064
4. Corren J, Gil EG, Griffiths JM, Parnes JR, van der Merwe R, Salapa K, O'Quinn S. Tezepelumab improves patient-reported outcomes in patients with severe, uncontrolled asthma in PATHWAY. *Annals of Allergy, Asthma & Immunology.* 2021 Feb 1;126(2): 187-93.
5. IPD Analytics. New Drug Approval. Tezspire (tezepelumab). Available at: <http://www.ipdanalytics.com>.
6. Global Initiative for Asthma. 2022 GINA Report, Global Strategy for Asthma Management and Prevention. Available at: www.ginasthma.org. Accessed March, 2023.

Effective date: 10/01/2023

Revised date: 03/13/2023