Tezspire (tezepelumab-eeko) is a thymic stromal lymphopoietin (TSLP), human monoclonal antibody, approved by the FDA in 2021 for the add-on maintenance treatment severe asthma. Tezspire is the first monoclonal antibody to act on TSLP.

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

**Severe 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 or syringe) every 28 days.

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

For **reauthorization**:
1. Medication is not being used as monotherapy for asthma; AND
2. Chart notes must show improvement or stabilized signs and symptoms of asthma during previous months of medication treatment:
   a) Increase in percent predicted FEV1 from pretreatment baseline; OR
   b) Decrease in rate of asthma exacerbations from pretreatment baseline; OR
   c) Improved functional ability (i.e. decreased effect of asthma on ability to exercise, function in school or at work, or quality of sleep); OR
   d) Decreased utilization of rescue medications or oral corticosteroids.

*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.

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<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>02/1/2022</td>
<td>New policy for Tezspire created.</td>
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References:


Effective date: 07/01/2022
Revised date: 02/01/2022