CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Arkansas PASSE

DRUG NAME	Tezspire (tezepelumab-eeko)
BILLING CODE	J3490/J3590
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
Coverage Requirements	Prior Authorization Required

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.

DATE	ACTION/DESCRIPTION
02/1/2022	New policy for Tezspire created.

References:

1. Tezspire. Package insert. AstraZeneca; 2021. Accessed February 10, 2022. 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. 2021 GINA Report, Global Strategy for Asthma Management and Prevention. Available at: www.ginasthma.org. Accessed February, 2022.

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