Mass General Brigham
Health Plan

# Tezspire (tezepelumab-ekko)
# Effective 04/01/2025

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|---|---|---|---|
| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☒ Medical Benefit | | |
| **Specialty Limitations** | These medications have been designated specialty and must be filled at a contracted specialty pharmacy. | | |
| **Contact Information** | **Medical and Specialty Medications**<br>All Plans \| Phone: 877-519-1908 \| Fax: 855-540-3693 | | |
| | **Non-Specialty Medications**<br>All Plans \| Phone: 800-711-4555 \| Fax: 844-403-1029 | | |
| **Exceptions** | N/A | | |

**Overview**
Tezspire (tezepelumab-ekko) is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody, indicated for add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

**Coverage Guidelines**
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs
**OR**
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of severe asthma
2. Member is 12 years of age or older
3. Member has inadequate asthma control (e.g., hospitalization or emergency medical care visit within the past year) despite current treatment with both of the following medications at optimized doses:
    a. Inhaled corticosteroid
    b. Additional controller (long acting beta2-agonist, long-acting muscarinic antagonist, leukotriene modifier, or sustained-release theophylline)
4. Member will not use Tezspire as monotherapy

**<u>Continuation of Therapy</u>**
Requests for reauthorization will be approved when all of the following criteria are met:

1. Member is 12 years of age or older
2. Asthma control has improved on Tezspire treatment as demonstrated by at least one of the following:
    a. A reduction in the frequency and/or severity of symptoms and exacerbations.
    b. A reduction in the daily maintenance oral corticosteroid dose.
3. Member will not use Tezspire as monotherapy

**Limitations**

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

| Drug Name | Quantity Limit |
|---|---|
| Tezspire 210mg/1.91mL | 1 injection per 28 days |

**References**

1. Tezspire (tezepelumab-ekko) [prescribing information]. Thousand Oaks, CA: Amgen Inc.; May 2023.

**Review History**

06/22/2022 – Created and reviewed for June P&T; Effective 09/01/2022.
05/10/2023 – Reviewed and Updated for May P&T; added vials and prefilled pens to criteria. Vials will be available on the Medical Benefit. Prefilled pens will be available on Medical and Pharmacy Benefit. Effective 07/01/2023
01/08/2025 – Reviewed and updated for January P&T. Updated initial and reauthorization criteria to remove stipulation that the member will not use Tezspire concomitantly with other biologics. Updated initial criteria to remove definitions of severe asthma. Updated previous trial language to specify that member is uncontrolled (e.g., hospitalization, emergency medical visit) despite using inhaled corticosteroid and additional controller at maximized doses. Added requirement that member has a diagnosis of severe asthma. Effective 04/01/2025.
02/12/2025 – Reviewed and updated for February P&T. Updated reauthorization criteria to require that member is at least 12 years of age. Effective 04/01/2025.