Mass General Brigham
Health Plan

Tezspire® (tezepelumab-ekko)
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Tezspire is indicated for add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Tezspire, 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, and documentation is provided:

1. Member is 12 years of age or older
2. Documented diagnosis of uncontrolled asthma demonstrated by ONE of the following:
    a. Two or more asthma exacerbations requiring oral or injectable corticosteroid treatment.
    b. One or more asthma exacerbation resulting in hospitalization or emergency medical care visit within previous 12 months
    c. Poor symptom control (frequent symptoms or reliever use, activity limited by asthma, night waking due to asthma).
3. Member has inadequate asthma control despite current treatment with both of the following medications at optimized doses:
    a. High dose 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.
5. Member will not use Tezspire concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala, Xolair).

Continuation of Therapy
Reauthorizations requires physician documentation of continuation of therapy and the following criteria:

1. 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.
2. Member will not use Tezspire as monotherapy.
3. Member will not use Tezspire concomitantly with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala, Xolair).

Limitations

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

Tezspire 210mg/1.91mL	1 injection per 28 days

References

1. Tezspire [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2021

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