

Tezspire (tezepelumab-ekko)
Effective 01/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Tezspire (tezepelumab-ekko) is a thymic stromal lymphopoitin (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

Continuation of Therapy

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 on the pharmacy benefit:

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.

10/08/2025 – Reviewed at October P&T. Updated policy to indicate that it no longer applies to the medical benefit. Effective 01/01/2026.

