Mass General Brigham
Health Plan

Tezspire (tezepelumab-ekko)
Effective 04/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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 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.
- Add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled rhinosinusitis with nasal polyps (CRSwNP)

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 diagnosis-specific criteria are met:

Asthma

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

Chronic rhinosinusitis with nasal polyps (CRSwNP)

1. Member is at least 12 years of age
2. Diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP)
3. Requested medication will be used in combination with another agent for CRSwNP (e.g., intranasal corticosteroid)

4. Prescribed by or in consultation with one of the following: Allergist/Immunologist, Otolaryngologist, Pulmonologist

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

Asthma

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

CRSwNP

1. Member is 12 years of age or older
2. Member has achieved or maintained positive clinical response to therapy as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sinonasal inflammation, hyposmia and/or facial pressure or pain or reduction in corticosteroid use)

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 and Dosage Form	Quantity Limit
Tezspire prefilled syringe, autoinjector	1 injection per 28 days

References

1. Tezspire (tezepelumab-ekko) [prescribing information]. Thousand Oaks, CA: Amgen Inc.; October 2025.

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.
02/11/2026 – Reviewed and updated at February P&T. Added supplemental indication of CRSwNP. Effective 04/01/2026.