

Policy Name:	Tezspire (tezepelumab)	Policy #:	3136P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Tezspire (tezepelumab).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Tezspire (tezepelumab) under the specialty medical or pharmacy benefit when the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of severe asthma
- 1.2 Age \geq 12 years
- 1.3 Prescribed by, or in consultation with an allergist, immunologist (doctor of the immune system), or pulmonologist (doctor of the lungs)
- 1.4 Documented use with one of the following:
 - An inhaled corticosteroid (ICS) therapy such as Asmanex, Pulmicort or QVAR and one additional therapy such as montelukast with lack of asthma control
 - A maximally tolerated combination inhaled corticosteroid/long acting beta2 agonist (ICS/LABA) inhaler such as Symbicort or Dulera with lack of asthma control

2. Approval Period

- 2.1 Initial Approval: 12 months
- 2.2 Subsequent Approvals: 12 months with documentation of beneficial therapy (reduction in exacerbations, use of rescue medications, asthma symptoms, or increase in FEV1 from baseline, etc.)

CPT Codes

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HCPCS Codes

J2356	Injection, tezepelumab-ekko, 1 mg
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References

1. Tezspire (tezepelumab) [prescribing information]. Thousand Oaks, CA: Amgen, Inc; May 2023.
2. Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2023. <https://ginasthma.org/2023-gina-main-report/>.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage