

**TEZSPIRE**  
**(tezepelumab-ekko)**

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 12 years of age or older

### Diagnosis

Patient must have the following **AND** submission of medical records (e.g., chart notes, laboratory values) documenting the following:

1. Severe asthma
  - a. Inadequate control of asthma symptoms after a minimum of 3 months of compliant use with greater than or equal to 50% adherence with **ONE** of the following within the past 6 months:
    - i. Inhaled corticosteroids & long acting beta<sub>2</sub> agonist
    - ii. Inhaled corticosteroids & long acting muscarinic antagonist
  - b. Used as add-on maintenance treatment and patient will be receiving **ALL** of the following:
    - i. Medium or high-dose inhaled corticosteroid
    - ii. An additional controller medication (e.g., long acting beta<sub>2</sub> agonist, leukotriene modifier)
  - c. **NOT** used for the relief of acute bronchospasm or status asthmaticus
  - d. **NO** dual therapy with another monoclonal antibody for the treatment of asthma or COPD (see Appendix 1)
  - e. **NOT** given concurrently with live vaccines

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

## Prior - Approval Limits

### Quantity

Strength / Dosage Form	Quantity
210 mg / 1.91 mL single-dose vial	3 units per 84 days
210 mg / 1.91 mL single-dose pre-filled syringe	
210 mg / 1.91 mL single-dose pre-filled pen	

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**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

**Age** 12 years of age or older

**Diagnosis**

Patient must have the following **AND** submission of medical records (e.g., chart notes, laboratory values) documenting the following:

1. Asthma
  - a. Decreased exacerbations **OR** improvement in symptoms
  - b. Decreased utilization of rescue medications
  - c. Patient has been compliant on Tezspire therapy
  - d. Used as add-on maintenance treatment
  - e. **NOT** used for the relief of acute bronchospasm or status asthmaticus
  - f. **NO** dual therapy with another monoclonal antibody for the treatment of asthma or COPD (see Appendix 1)
  - g. **NOT** given concurrently with live vaccines

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

**Prior - Approval *Renewal* Limits**

Same as above

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**Appendix 1 - List of Monoclonal Antibodies for Asthma or COPD**

Generic Name	Brand Name
benralizumab	Fasenra
dupilumab	Dupixent
mepolizumab	Nucala
omalizumab	Xolair
reslizumab	Cinqair
tezepelumab-ekko	Tezspire