

## Tezepelumab-ekko (Tezspire)

### Medical Benefit Drug Policy

#### Place of Service

Home Infusion  
Infusion Center Administration  
Office Administration  
Outpatient Facility Infusion Administration

#### Drug Details

**USP Category:** IMMUNOLOGICAL AGENTS

**Mechanism of Action:** a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody IgG2-lambda

#### HCPCS:

J2356:Injection, tezepelumab-ekko, 1 mg

#### How Supplied:

- 210 mg/1.91 mL (single-dose pre-filled syringe or single-dose glass vial)

#### **Condition(s) listed in policy (*see coverage criteria for details*)**

- Severe asthma

#### **Special Instructions and pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

#### **The following condition(s) require Prior Authorization/Preservice:**

##### Severe asthma

1. Prescribed by or in consultation with a pulmonologist or allergist/immunologist, **AND**
2. Patient is  $\geq 12$  years of age, **AND**
3. Asthma symptoms remain uncontrolled despite 3 months of treatment with a high-dose inhaled corticosteroid in combination with long-acting beta agonist [LABA] or leukotriene receptor antagonists [LTRA], **AND**
4. Not used in combination with another biologic medication indicated for asthma treatment, **AND**
5. Meets one of the following within the past year:
  - a. One or more acute asthma attacks requiring emergency care (hospital emergency dept visit), or
  - b. One or more acute inpatient visits where asthma was the principal diagnosis, or

- c. Use of chronic systemic steroids due to severe asthma OR two or more acute asthma exacerbations requiring oral systemic steroids

**Covered Doses:**

210 mg SC injection once every 4 weeks

**Coverage Period:**

Initial authorization: 6 months

Reauthorization: Indefinite if all of the following are met

1. Not being used in combination with another biologic medication indicated for asthma treatment, **AND**
2. Attestation that asthma symptoms have improved and/or controlled while on Tezspire

**References**

1. AHFS®. Available by subscription at <http://www.lexi.com>
2. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Tezspire (tezepelumab-ekko) [Prescribing Information]. Thousand Oaks, CA: Amgen Inc.; 5/2023.
4. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention (2023 Update). Available from: [www.ginasthma.org](http://www.ginasthma.org).

**Review History**

Date of Last Annual Review: 1Q2024

Date of last revision: 04/03/2024

Changes from previous policy version:

- No clinical changes following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity  
Reviewed by P&T Committee*