

TEZEPELUMAB



Included Products: Tezspire (tezepelumab-ekko)

Created: 03/10/2022 Revised: 05/11/2023 Reviewed: 03/14/2024 Updated: 04/01/2024

Nonformulary for outpatient benefit. PA required on medical benefit..

All Diagnoses			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the member 12 years or older with a diagnosis of severe asthma?	Continue to #2.	Do not approve.
2.	Has the treatment been initiated by or in consultation with a pulmonologist?	Continue to #3.	Do not approve.
3.	Is the member a current smoker?	Continue to #4.	Continue to #5.
4.	Is the member enrolled in a smoking cessation program?	Continue to #5.	Do not approve.
5.	Has the member failed the following agents including as combination therapy? <ul style="list-style-type: none"> a. High dose inhaled corticosteroid with a long acting beta agonist (such as AirDuo, Advair, or Symbicort). b. Long acting muscarinic antagonist (such as Spiriva) c. Leukotriene inhibitor (such as montelukast) 	Continue to #6	Do not approve.
6.	Does the member have a history of compliance with asthma medications (above)?	Continue to #7	Do not approve.
7.	In the past year has the member had multiple asthma exacerbations resulting in repeated use of health care services, such as urgent care or ED visits or hospitalization?	Continue to #8	Do not approve.
8.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Has the member had a reduction in asthma exacerbations necessitating frequent office visits, ED / urgent care visits, hospitalizations, oral steroids and demonstrated sustained clinical	Continue to #2.	Do not approve.

	improvement from baseline?		
2.	Approve for 12 months		