JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Pharmacy Public** **Pharmacy Management Drug Policies**	*Policy Number*	MEDS164
		Effective Date	04/19/2023
		Approval Date	04/19/2023
	Subject **Self-administered Tezspire (pre-filled pen)**	*Supersedes Date*	N/A
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Tezspire

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I. POLICY

Tezspire Prefilled Pen (tezepelumab-ekko) will require prior authorization to ensure it is used only when clinically appropriate. The process for initiating a prior authorization request can be found in policy PHARM 20.

1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

A. Tezpire may be approved for patients meeting the following:
   1. Patient is 12 years of age or older
   2. Documentation has been submitted showing the following:
      a. Patient has severe and uncontrolled asthma, evidenced by at least one of the following within the past year:
         I. Two or more asthma exacerbations requiring therapy with oral or injectable corticosteroid
         II. One or more asthma exacerbation resulting in hospitalization or an emergency medical care visit
         III. Signs of poor symptom control, such as any of the following:
            i. frequent symptoms or short-acting reliever use
            ii. activity limited by asthma
            iii. night waking due to asthma
      b. Patient has had inadequate asthma control despite optimized treatment with both of the following:
         I. High dose inhaled corticosteroid
         II. Additional controller (i.e., long acting beta2-agonist, long acting muscarinic antagonist, leukotriene modifier, or sustained-release theophylline)
      c. Patient will continue to use maintenance asthma treatments (e.g., inhaled corticosteroid, additional controller) in combination with Tezspire.
      d. Prescriber is, or has consulted with, an allergist, immunologist, or pulmonologist

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III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval may be granted for 6 months of therapy
B. Approval for continuation of therapy may be extended in 12-month intervals with documentation of the following:
   1. Patient has had a beneficial response to treatment, evidenced by at least one of the following:
      a. Reduction in the frequency and/or severity of symptoms and exacerbations
      b. Reduction in the daily maintenance oral corticosteroid dose
   2. Patient continues to use maintenance asthma treatments concurrently with Tezspire

IV. EXCLUSIONS

A. Tezspire will not be approved for the following:
   1. Patients below the age of 12 years old
   2. Concurrent use with other biologics indicated for asthma (e.g., Cinqair, Dupixent, Fasenra, Nucala, Xolair)
   3. Any indications or uses that are not FDA-approved or guidelines-supported
B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. RECOMMENDED DOSE

Please refer to the FDA-approved prescribing information for indication-specific dosing details.

VI. REFERENCES

1. Tezspire [prescribing information]. Thousand Oaks, CA: Amgen Inc.; February 2023.
2. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2022 update. Available at https://ginasthma.org. Accessed March 27, 2023.
3. Cloutier MM, Dixon AE, Krishnan JA, et al. Managing asthma in adolescents and adults: 2020 asthma guideline update from the National Asthma Education and Prevention Program. JAMA. 2020;324(22): 2301-2317.
4. Wechsler ME, Colice G, Griffiths JM, et al. SOURCE: a phase 3, multicentre, randomized, double-blind, placebo-controlled, parallel group trial to evaluate the efficacy and safety of tezepelumab in reducing oral corticosteroid used in adults with oral corticosteroid dependent asthma. Respir Res. 2020;21(1):264.

VII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/19/2023	Policy Creation

Review Date: 04/19/2023

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