



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Services
Prior Authorization Criteria
Tezspire® (tezepelumab)
Effective 11/15/2023

Prior Authorization Request Form

TEZSPIRE (tezepelumab) is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (IgG2 λ), indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

Limitations of Use: Not for relief of acute bronchospasm or status asthmaticus

CRITERIA FOR APPROVAL:

1. The patient must have a diagnosis of severe asthma that is uncontrolled or inadequately controlled as demonstrated by experiencing at least one of the following within the past year: ≥ 2 exacerbations requiring oral or injectable corticosteroid treatment; OR ≥ 1 exacerbation resulting in hospitalization or emergency medical care visit; **AND**
2. Must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist; **AND**
3. The patient must be within the age range as recommended by the FDA label and indication; **AND**
4. The patient must have documented adherence to a therapeutic regimen consisting of a LABA + high dose ICS therapy in the last 90 days; **AND**
5. **If** patient has asthma with an eosinophilic phenotype, documentation must be supplied indicating one of the following:
 - a. A positive sputum test for eosinophilic phenotype asthma with sputum eosinophil level $\geq 3\%$; OR
 - b. Asthma with eosinophilic phenotype with blood eosinophil count greater than or equal to 150 cells/mcL within the past 6 weeks or blood eosinophil count greater than or equal to 300 cells/mcL in the past 12 months; OR
 - c. Claims data that reflect a continual reliance on oral corticosteroid therapy in the last 90 days.



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Initial approval of Tezspire for asthma will be for 90 days. Additional therapy shall be approvable with documentation of satisfactory patient response and compliance on the prescribed therapeutic regimen.

Please reference the current Preferred Drug List for any additional criteria.

<https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx>

References:

1. Tezspire Package Insert 11/2023
2. LexiComp monograph review 11/2023
3. UpToDate literature review: Selection of biologic agents for treatment of severe asthma in adolescents and adults 11/2023
4. UpToDate literature review: Treatment of severe asthma in adolescents and adults 11/2023