09-J4000-13

Original Effective Date: 04/01/22

Reviewed: 01/14/26

Revised: 02/15/26

Subject: Tezepelumab-ekko (Tezspire)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Tezepelumab-ekko (Tezspire), a thymic stromal lymphopoietin (TSLP) blocker, was approved by the U.S. Food and Drug Administration (FDA) in December 2021 for use as add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

The safety and efficacy of tezepelumab were evaluated in patients between 12 to 80 years of age with severe, uncontrolled asthma. Patients were on high- (75.1%) or medium-dose (24.8%) inhaled glucocorticoids, in addition to at least 1 other controller medication; less than 10% were on oral glucocorticoids. Patients were required to have had 2 or more asthma exacerbations requiring an oral or injectable corticosteroid, or resulting in hospitalization, in the preceding 12 months; 59.9% had 2 exacerbations and 40% had more than 2. Subjects received tezepelumab-ekko 210 mg or placebo subQ every 4 weeks for 52 weeks. Patients continued all previously prescribed medications, and short-acting medications were permitted as needed.

The primary endpoint of annualized rate of asthma exacerbations at 52 weeks was significantly lower with tezepelumab-ekko treatment. The beneficial effect was more pronounced in those with a higher baseline eosinophil count, but significant improvements were sustained irrespective of baseline eosinophil count.

Treatment with tezepelumab-ekko was associated with significantly greater improvement in pre-bronchodilator FEV1 at 52 weeks compared to placebo (0.23 vs 0.09 L improvement from baseline; mean difference of 0.13 L [95% CI 0.08 to 0.18]; minimum clinically important difference [MCID], 0.1 L). Improvement was observed as early as 2 weeks after start of treatment and maintained throughout the trial. Changes in Asthma Control Questionnaire-6 (ACQ-6) score, Asthma Quality of Life Questionnaire (AQLQ(S)+12) overall score, and Asthma Symptom Diary (ASD) overall score did not meet the MCID of 0.5 points for tezepelumab compared with placebo. Rate of adverse events was 77.1% (9.8% serious) in the treatment group and 80.8% (13.7% serious) with placebo. The most commonly reported events were nasopharyngitis, upper respiratory tract infection, and headache, all of which were similar between groups. Injection site reactions occurred in 3.6% with tezepelumab-ekko vs 2.6% with placebo, and asthma was reported as an adverse event more frequently in the placebo group.

POSITION STATEMENT:

Site of Care: If tezepelumab-ekko (Tezspire) is administered in a hospital-affiliated outpatient setting, additional requirements may apply depending on the member's benefit. Refer to 09-J3000-46: Site of Care Policy for Select Specialty Medications.

Initiation of Tezepelumab-ekko (Tezspire) **meets the definition of medical necessity** for members diagnosed with any of the following conditions when **ALL** associated criteria are met:

1. Severe Asthma
    a. **ONE** of the following:
        i. Member has a history of uncontrolled asthma while on asthma control therapy (e.g., inhaled corticosteroids [ICS], ICS/long-acting beta-2 agonist [LABA], leukotriene receptor antagonist [LTRA], long-acting muscarinic antagonist [LAMA], theophylline) as demonstrated by **ONE** of the following:
            - Frequent severe asthma exacerbations requiring two or more courses of systemic corticosteroids (steroid burst) within the past 12 months
            - Serious asthma exacerbations requiring hospitalization, mechanical ventilation, or visit to the emergency room or urgent care within the past 12 months
            - Controlled asthma that worsens when the doses of inhaled and/or systemic corticosteroids are tapered
            - The member has baseline (prior to therapy with tezepelumab) Forced Expiratory Volume (FEV1) that is less than 80% of predicted
        ii. Member's medication history indicates use of a biologic immunomodulator agent that is FDA labeled or supported in compendia for the treatment of asthma within the past 12 months (treatment on samples is not approvable)
    b. **ONE** of the following:
        i. Member is **NOT** currently being treated with a biologic immunomodulator agent that is FDA labeled or supported in compendia for the treatment of asthma (including tezepelumab) **AND** is currently treated with a maximally tolerated inhaled corticosteroid for at least 3 months **AND** has been adherent for 90 days within the past 120 days
        ii. Member is currently being treated with a biologic immunomodulator agent that is FDA labeled or supported in compendia for the treatment of asthma (including tezepelumab) **AND ONE** of the following:
            - Member is currently treated with an inhaled corticosteroid for at least 3 months that is adequately dosed to control symptoms **AND** has been adherent for 90 days within the past 120 days
            - Member is currently treated with a maximally tolerated inhaled corticosteroid for at least 3 months **AND** has been adherent for 90 days within the past 120 days

iii. Member has an intolerance or hypersensitivity to **ONE** inhaled corticosteroid therapy

iv. Member has an FDA labeled contraindication to **ALL** inhaled corticosteroids

c. **ONE** of the following:

i. Member is currently being treated for at least 3 months **AND** has been adherent for 90 days within the past 120 days with **ONE** of the following:

- A long-acting beta-2 agonist (LABA)
- A leukotriene receptor antagonist (LTRA)
- Long-acting muscarinic antagonist (LAMA)
- Theophylline

ii. Member has an intolerance or hypersensitivity to therapy to **ONE** LABA, LTRA, LAMA, or theophylline

iii. Member has an FDA labeled contraindication to **ALL** LABA, LTRA, LAMA, **AND** theophylline therapies

d. Member will continue asthma control therapy in combination with tezepelumab

e. Tezepelumab is not used in combination with benralizumab (Fasenra), dupilumab (Dupixent), mepolizumab (Nucala), omalizumab (Xolair, Omlyclo), or reslizumab (Cinqair)

f. Tezepelumab is prescribed by a board certified (or board eligible) allergist, immunologist, or pulmonologist

g. Dose does not exceed 210 mg every 4 weeks

h. Member is 12 years of age or older

2. Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

a. There is information indicating the member's diagnosis was confirmed by **ONE** of the following:

i. Anterior rhinoscopy

ii. Nasal endoscopy

iii. Computed tomography (CT) of the sinuses

b. Member has at least **TWO** of the following symptoms consistent with chronic rhinosinusitis (CRS):

i. Nasal discharge (rhinorrhea or post-nasal drainage)

ii. Nasal obstruction or congestion

iii. Loss or decreased sense of smell (hyposmia)

iv. Facial pressure or pain

c. Member has had symptoms consistent with CRS for at least 12 consecutive weeks

d. **ONE** of the following:

i. Member has tried and had an inadequate response to **ONE** intranasal corticosteroid (e.g., fluticasone, Sinuva) after at least a 4-week duration of therapy

ii. Member has an intolerance or hypersensitivity to **ONE** intranasal corticosteroid (e.g., fluticasone, Sinuva)

iii. Member has an FDA labeled contraindication to ALL intranasal corticosteroids

e. **BOTH** of the following:

i. Member is currently treated with standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids)

ii. Member will continue standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids) in combination with tezepelumab

f. Tezepelumab is not used in combination with benralizumab (Fasenra), dupilumab (Dupixent), mepolizumab (Nucala), omalizumab (Xolair, Omlyclo), or reslizumab (Cinqair)

g. Tezepelumab is prescribed by a board certified (or board eligible) allergist, immunologist, otolaryngologist (ear, nose, and throat specialist), or pulmonologist

h. Dose does not exceed 210 mg every 4 weeks

i. Member is 12 years of age or older

3. Other FDA-approved or NCCN supported diagnosis (not previously listed above)

a. When **ONE** of the following is met:

i. Member is diagnosed with a condition that is consistent with an indication listed in the product's FDA-approved prescribing information (or package insert) **AND** member meets any additional requirements listed in the "Indications and Usage" section of the FDA-approved prescribing information (or package insert)

ii. Indication **AND** usage is recognized in NCCN Drugs and Biologics Compendium as a Category 1 or 2A recommendation

b. Dose does not exceed the maximum FDA-approved dosing

Approval duration: 6 months

Continuation of tezepelumab (Tezspire) **meets the definition of medical necessity** for members diagnosed with any of the following conditions when **ALL** associaged criteria are met:

1. Severe Asthma

a. Authorization/reauthorization has been previously approved by Florida Blue or another health plan in the past two years for severe asthma, **OR** the member has previously met all indication-specific initiation criteria

b. Member has a clinical benefit to treatment with tezepelumab as demonstrated by at least **ONE** of the following – documentation from the medical record must be provided:

i. Increase in percent predicted Forced Expiratory Volume (FEV1)

ii. Decrease in the dose of inhaled corticosteroids required to control the patient's asthma

iii. Decrease in need for treatment with systemic corticosteroids due to exacerbations of asthma

iv. Decrease in number of hospitalizations, need for mechanical ventilation, or visits to urgent care or emergency room due to exacerbations of asthma

c. Member is currently treated and is compliant with asthma control therapy (e.g., inhaled corticosteroids [ICS], ICS/long-acting beta-2 agonist [LABA], leukotriene receptor antagonist [LTRA], long-acting muscarinic antagonist [LAMA], theophylline)

d. Tezepelumab is not used in combination with benralizumab (Fasenra), dupilumab (Dupixent), mepolizumab (Nucala), omalizumab (Xolair, Omlyclo), or reslizumab (Cinqair)

e. Tezepelumab is prescribed by a board certified (or board eligible) allergist, immunologist, or pulmonologist

f. Dose does not exceed 210 mg every 4 weeks

g. Member is 12 years of age or older

2. Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

   a. Authorization/reauthorization has been previously approved by Florida Blue or another health plan in the past two years for CRSwNP, **OR** the member has previously met all indication-specific initiation criteria

   b. Member has a clinical benefit to treatment with tezepelumab as evidenced by a reduction in disease severity (e.g., reduction in nasal congestion, nasal polyp size, anterior or posterior rhinorrhea, sinonasal inflammation, facial pressure/pain; improved sese of smell; or reduction in corticosteroid use) – documentation from the medical record must be provided

   c. **BOTH** of the following:

      i. Member is currently treated with standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids)

      ii. Member will continue standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids) in combination with tezepelumab

   d. Tezepelumab is not used in combination with benralizumab (Fasenra), dupilumab (Dupixent), mepolizumab (Nucala), omalizumab (Xolair, Omlyclo), or reslizumab (Cinqair)

   e. Tezepelumab is prescribed by a board certified (or board eligible) allergist, immunologist, otolaryngologist (ear, nose, and throat specialist), or pulmonologist

   f. Dose does not exceed 210 mg every 4 weeks

   g. Member is 12 years of age or older

3. Other FDA-approved or NCCN supported diagnosis (not previously listed above)

   a. When **ONE** of the following is met:

      i. Member is diagnosed with a condition that is consistent with an indication listed in the product's FDA-approved prescribing information (or package insert) **AND** member meets any additional requirements listed in the "Indications and Usage" section of the FDA-approved prescribing information (or package insert)

      ii. Indication **AND** usage is recognized in NCCN Drugs and Biologics Compendium as a Category 1 or 2A recommendation

   b. Dose does not exceed the maximum FDA-approved dosing

Approval duration: 12 months

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL

PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved

- Administer by subcutaneous injection.
- Recommended dosage is 210 mg administered once every 4 weeks.

Dose Adjustments

- None

Drug Availability

- 210 mg/1.91 mL (110 mg/mL) solution in a single-dose glass vial.
- 210 mg/1.91 mL (110 mg/mL) solution in a single-dose pre-filled syringe.
- 210 mg/1.91 mL (110 mg/mL) solution in a single-dose pre-filled pen

PRECAUTIONS:

Boxed Warning

- None

Contraindications

- Known hypersensitivity to tezepelumab-ekko or excipients

Precautions/Warnings

- Hypersensitivity reactions
- Parasitic infection
- Vaccination

BILLING/CODING INFORMATION:

HCPCS Coding

J2356	Injection, tezepelumab-ekko, 1 mg

ICD-10 Diagnosis Codes That Support Medical Necessity

J33.0 – J33.9	Nasal polyp
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

Medicare Advantage: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

FEV1:

Forced expiratory volume in 1 second.

FVC:

Forced vital capacity.

PEF:

Peak expiratory flow.

Mild Intermittent Asthma:

Symptoms < or = to 2 times a week

Asymptomatic and normal PEF between exacerbations

Exacerbations brief (from a few hours to a few days); intensity may vary

Nighttime symptoms < or = to 2 times a month

FEV1 or PEF > or = to 80% predicted

PEF variability < 20%.

Mild Persistent Asthma:

Symptoms > 2 times a week but < 1 time a day

Exacerbations may affect activity

Nighttime symptoms > 2 times a month

FEV1 or PEF > or = to 80% predicted

PEF variability 20 to 30 %.

Moderate Persistent Asthma:

Daily symptoms

Nighttime symptoms > one time a week

Daily use of inhaled short-acting beta2-agonist

Exacerbations may affect activity

Exacerbations > or = to 2 times a week; may last days

FEV1 or PEF > 60% but less than 80% predicted

PEF variability > 30%.

Severe Persistent Asthma:

Continual symptoms (i.e., coughing, dyspnea, wheezing)

Limited physical activity

Frequent exacerbations

Frequent nighttime symptoms

FEV1 or PEF < or = 60% predicted

PEF variability > 30%.

RELATED GUIDELINES:

Benralizumab (Fasenra), 09-J2000-92
Omalizumab (Xolair®), 09-J0000-44
Reslizumab (Cinqair®) IV infusion, 09-J2000-63

OTHER:

Table 1 - Low, medium and high ICS doses: adults/adolescents (GINA 2020, Box 3-6A)

Inhaled Corticosteroid	Total daily ICS dose (mcg)		
	Low	Medium	High
Beclomethasone dipropionate (pMDI, standard particle, HFA)	200-500	>500-1000	>1000
Beclomethasone dipropionate (pMDI, extrafine particle, HFA)	100-200	>200-400	>400
Budesonide (DPI)	200-400	>400-800	>800

Ciclesonide (pMDI, extrafine particle, HFA)	80-160	>160-320	>320
Fluticasone furoate (DPI)	100	100	200
Fluticasone propionate (DPI)	100-250	>250-500	>500
Fluticasone propionate (pMDI, standard particle, HFA)	100-250	>250-500	>500
Mometasone furoate (DPI)	200	200	400
Mometasone furoate (pMDI, standard particle, HFA)	200-400	200-400	>400
DPI: dry powder inhaler; HFA: hydrofluoroalkane propellant; pMDI: pressurized metered dose inhaler (non-CFC)			

Table 2 - Low, medium and high ICS doses: children 6-11 years (GINA 2020, Box 3-6B)

Inhaled Corticosteroid	Total daily ICS dose (mcg)		
	Low	Medium	High
Beclomethasone dipropionate (pMDI, standard particle, HFA)	100-200	>200-400	>400
Beclomethasone dipropionate (pMDI, extrafine particle, HFA)	50-100	>100-200	>200
Budesonide (DPI)	100-200	>200-400	>400
Budesonide (nebules)	250-500	>500-1000	>1000
Ciclesonide (pMDI, extrafine particle, HFA)	80	>80-160	>160
Fluticasone furoate (DPI)	50	50	N/A
Fluticasone propionate (DPI)	50-100	>100-200	>200
Fluticasone propionate (pMDI, standard particle, HFA)	50-100	>100-200	>200
Mometasone furoate (pMDI, standard particle, HFA)	100	100	200
DPI: dry powder inhaler; HFA: hydrofluoroalkane propellant; pMDI: pressurized metered dose inhaler (non-CFC)			

Table 3 - Low, medium and high ICS doses: children 5 years and younger (GINA 2020, Box 3-6B)

Inhaled Corticosteroid	Total daily ICS dose (mcg)		
	Low	Medium	High
Beclomethasone dipropionate (pMDI, standard particle, HFA)	100-200	>200-400	>400
Beclomethasone dipropionate (pMDI, extrafine particle, HFA)	50-100	>100-200	>200
Budesonide (nebules)	250-500	>500-1000	>1000
Ciclesonide (pMDI, extrafine particle, HFA)	N/A	N/A	N/A
Fluticasone furoate (DPI)	N/A	N/A	N/A
Fluticasone propionate (pMDI, standard particle, HFA)	100-200	>200-500	>500
Mometasone furoate (pMDI, standard particle, HFA)	100	100	200
DPI: dry powder inhaler; HFA: hydrofluoroalkane propellant; pMDI: pressurized metered dose inhaler (non-CFC)			

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 01/14/26.

GUIDELINE UPDATE INFORMATION:

04/01//22	New Medical Coverage Guideline.
06/15/22	Updated position statement with Site of Care program information.
07/01/22	Revision: Added HCPCS code J2356 and deleted code J3590. Update to Program Exceptions section.
02/15/23	Review of guideline; updated position statement and references.
10/01/23	Revision of guideline; updated position statement and dosage.
02/15/24	Review of guideline; updated references.
02/15/25	Review of guideline; updated position statement and references.
02/15/26	Review and revision of guideline; updated position statement, coding, and references.