UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2024 P 1415-2 |
| Program | Prior Authorization/Notification |
| Medications | Tezspire™ (tezepelumab-ekko)*<br>*This program applies to the prefilled pen for self-administration. |
| P&T Approval Date | 7/2023, 7/2024 |
| Effective Date | 10/1/2024 |

**1. Background:**

Tezspire (tezepelumab) is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.

*Limitations of use:*
Tezspire is not indicated for relief of acute bronchospasm of status asthmaticus.

**2. Coverage Criteria[a]:**

**A. Severe Asthma**

1. **Initial Authorization**

a. **Tezspire** will be approved based on **one** of the following criteria:

(1) **All** of the following:

(a) Patient has been established on therapy with Tezspire under an active UnitedHealthcare medical benefit prior authorization for the treatment of severe asthma

**-AND-**

(b) Documentation of positive clinical response to Tezspire therapy

**-AND-**

(c) Tezspire is being used as add-on maintenance therapy

**-AND-**

(d) Patient is not receiving Tezspire in combination with **any** of the following:

i. Anti-interleukin 5 therapy [e.g., Cinqair (resilizumab), Fasenra (benralizumab), Nucala (mepolizumab)]
ii. Anti-IgE therapy [e.g., Xolair (omalizumab)]
iii. Anti-interleukin 4 therapy [e.g., Dupixent (dupilumab)]

**-OR-**

(2) **All** of the following:

(a) Diagnosis of severe asthma

**-AND-**

(b) Tezspire is being used as add-on maintenance therapy

**-AND-**

(c) Patient is not receiving Tezspire in combination with **any** of the following:

i. Anti-interleukin 5 therapy [e.g., Cinqair (resilizumab), Fasenra (benralizumab), Nucala (mepolizumab)]
ii. Anti-IgE therapy [e.g., Xolair (omalizumab)]
iii. Anti-interleukin 4 therapy [e.g., Dupixent (dupilumab)]

**Authorization will be issued for 12 months.**

2. **Reauthorization**

a. **Tezspire** will be approved based on **all** of the following criteria:

(1) Documentation of positive clinical response to Tezspire therapy

**-AND-**

(2) Tezspire is being used as add-on maintenance therapy

**-AND-**

(3) Patient is not receiving Tezspire in combination with **any** of the following:

(a) Anti-interleukin 5 therapy [e.g., Cinqair (resilizumab), Fasenra (benralizumab), Nucala (mepolizumab)]
(b) Anti-IgE therapy [e.g., Xolair (omalizumab)]
(c) Anti-interleukin 4 therapy [e.g., Dupixent (dupilumab)]

**Authorization will be issued for 12 months.**

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limitations may be in place.
- Medical Necessity may be in place.
- The single-dose vial and pre-filled syringe for administration by a healthcare professional is typically covered under the medical benefit. Please refer to the United Healthcare Medical Benefit Drug Policy: "Tezspire™ (tezepelumab-ekko)."

**3. References:**

1. Tezspire™ [package insert]. Thousand Oakes, CA: Amgen Inc.; May 2023.

| Program | Prior Authorization/Notification - Tezspire (tezepelumab) |
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| **Change Control** | |
| 7/2023 | New program. |
| 7/2024 | Annual review. Specified existing prior authorization for under the medical benefit. Updated reference. |