



Montana Healthcare Programs
Physician Administered Drug Coverage Criteria

Tezspire™ (tezepelumab)

I. Medication Description

Tezspire™ is athymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (IgG λ) indicated for add-on maintenance treatment of adult and pediatric patients aged 12 and older with severe asthma.

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Member must meet all the following criteria:

- Must be 12 years of age or older
- Has diagnosis of severe asthma
- Must be prescribed by or in consult with an appropriate specialist (allergist, pulmonologist, immunologist)
- Has a history of *severe* asthma attacks despite treatment with inhaled corticosteroid (ICS) in combination with long-acting beta₂-agonist (LABA) inhaler at optimized doses for three consecutive months
- Will continue to use ICS in combination with LABA inhaler at optimized dose
- Provider attests member will not use Tezspire® concomitantly with other biologics.

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Has been adherent to Tezspire™ and ICS/LABA therapy
- Has experienced a positive clinical response (reduction in frequency and/or severity of symptoms and exacerbations or medication dose reduction)
- Annual specialist consult provided if prescriber not a specialist.

V. Quantity Limitations

Max 210mg SQ every 4 weeks

VI. Coverage Duration

Initial approval duration: 1 year

Renewal approval duration: 1 year