Drug Coverage Policy

Effective Date.....05/15/2025
Coverage Policy Number.....IP0412
Policy Title.....Tezspire

Immunologicals – Tezspire

- Tezspire® (tezepelumab-ekko subcutaneous injection - AstraZeneca/Amgen)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Tezspire, a thymic stromal lymphopoietin (TSLP) blocker, is indicated as add-on maintenance treatment of **severe asthma** in patients ≥ 12 years of age.[1]

Clinical Efficacy

Tezspire has been studied in patients ≥ 12 years of age with severe asthma.[2] The patients enrolled in the Phase III pivotal Tezspire trial had experienced two or more asthma exacerbations in the

previous year, despite treatment with a medium- or high-dose inhaled corticosteroid (ICS) and one additional controller medication (e.g., long-acting beta$_2$-agonist [LABA], leukotriene antagonist).[2,3] In one study, 6 months of these previous therapies were required for enrollment, while in another, 12 months of ICS therapy with at least 3 months of additional controller therapy was required. In these trials, asthma exacerbation data was evaluated following 52 weeks of treatment. However, improvements in lung function parameters and symptom scores were reported as early as the first post-baseline assessment (i.e., 2 weeks of therapy).

Guidelines
The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2024) proposes a stepwise approach to asthma treatment.[4] Tezspire is listed as an option for add-on therapy in patients ≥ 12 years of age with uncontrolled severe asthma. Severe asthma is defined as asthma that is uncontrolled despite adherence to optimized high-dose ICS/LABA therapy or that worsens when high-dose treatment is decreased. Higher blood eosinophil levels and higher fractional exhaled nitric oxide may predict a good asthma response to Tezspire.

According to the European Respiratory Society/American Thoracic Society guidelines (2014; updated in 2020), severe asthma is defined as asthma which requires treatment with a high-dose ICS in addition to a second controller medication (and/or systemic corticosteroids) to prevent it from becoming uncontrolled, or asthma which remains uncontrolled despite this therapy.[5,6] Uncontrolled asthma is defined as asthma that worsens upon tapering of high-dose ICS or systemic corticosteroids or asthma that meets one of the following four criteria:
1) Poor symptom control: Asthma Control Questionnaire consistently ≥ 1.5 or Asthma Control Test < 20;
2) Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year;
3) Serious exacerbations: at least one hospitalization, intensive care unit stay, or mechanical ventilation in the previous year;
4) Airflow limitation: forced expiratory volume in 1 second (FEV_1) < 80% predicted after appropriate bronchodilator withholding.

Coverage Policy

POLICY STATEMENT
Prior Authorization is recommended for medical benefit coverage of Tezspire. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Tezspire as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Tezspire to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Tezspire is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. **Asthma.** Approve Tezspire for the duration noted if the patient meets one of the following (A or B):
   A) Initial Therapy. Approve for 6 months if the patient meets the following (i, ii, iii, iv, and v):

i. Patient is ≥ 12 years of age; AND

ii. Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):

a) A medium- or high-dose inhaled corticosteroid; AND

b) At least one additional asthma controller or asthma maintenance medication; AND
Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta$_2$-agonists, inhaled long-acting muscarinic antagonists, and monoclonal antibody therapies for asthma (e.g., Tezspire, Cinqair [reslizumab intravenous infusion], Fasenra [benralizumab subcutaneous injection], Nucala [mepolizumab subcutaneous injection]), Dupixent [dupilumab subcutaneous injection], Xolair [omalizumab subcutaneous injection]). Use of a combination inhaler containing both a medium- or high-dose inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfill the requirement for both criteria a and b.

iii. Patient has a history of ONE of the following(a or b):

a) Patient meets BOTH of the following (1 and 2):

(1) Patient has a forced expiratory volume in 1 second (FEV_1) < 80% predicted; AND
Note: The reduced FEV1 should not be due to smoking-related chronic obstructive pulmonary disease.

(2) Patient has an FEV1/forced vital capacity (FVC) < 0.80; OR

b) Patient meets ONE of the following (1, 2, 3, 4, or 5):

(1) Increase of > 12% and > 200ml in FEV_1 following administration of a standard dose of a short-acting bronchodilator; OR

(2) Increase of > 12% and > 200ml in FEV_1 between prescriber visits; OR

(3) Increase of > 12% and > 200ml in FEV_1 from baseline to after at least 4 weeks of asthma treatment; OR

(4) Positive exercise challenge testing; OR

(5) Positive bronchial challenge testing; AND
Note: The above lung function criteria may be met at anytime prior to or during asthma treatment.

iv. Patient has asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following (a, b, or c):
Note: "Baseline" is defined as prior to receiving Tezspire or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Cinqair, Dupixent, Fasenra, Nucala, Tezspire, and Xolair.

a) Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR

b) Patient experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR

c) Patient has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy; AND

v. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

B) Patient is Currently Receiving Tezspire. Approve for 1 year if the patient meets the following (i, ii, and iii):

i. Patient has already received at least 6 months of therapy with Tezspire; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Tezspire should be considered under criterion 1A (Asthma, Initial Therapy).

ii. Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; AND

iii. Patient has responded to therapy as determined by the prescriber.

Note: Examples of a response to Tezspire therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department, urgent care, or medical clinic visits due to asthma; improved lung function parameters; and/or a decreased requirement for oral corticosteroid therapy.

Dosing. Approve 210 mg given subcutaneously once every 4 weeks.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Tezspire for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Atopic Dermatitis.** Tezspire is not indicated for the treatment of atopic dermatitis.[1] One Phase IIa study, ALLEVIAD (published) [n = 113] evaluated the efficacy of Tezspire in combination with topical corticosteroids (TCS) vs. placebo in adults with moderate to severe atopic dermatitis.[7] At Week 12, a larger proportion of patients in the Tezspire + TCS group achieved a 50% reduction in the Eczema Area and Severity Index (primary efficacy endpoint) compared with placebo + TCS. However, this treatment difference was not statistically significant. Another Phase II, dose-ranging study in patients with atopic dermatitis was terminated prior to completion.[8]

2. **Chronic Obstructive Pulmonary Disease (COPD).** Tezspire is not indicated for the treatment of COPD.[1] One Phase II, randomized, double-blind, placebo-controlled trial, COURSE, evaluated the efficacy of Tezspire in patients with moderate- to very severe-COPD who continued to experience exacerbations despite triple inhaled maintenance therapy (i.e., ICS/LABA/long-acting muscarinic antagonist).[8] In this patient population, Tezspire did not result in a significant reduction in the annualized rate of moderate or severe COPD exacerbations compared with placebo.[9]

3. **Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP).** Tezspire is not indicated for the treatment of CRSwNP.[1] One Phase III, randomized, double-blind, placebo-controlled trial, WAYPOINT, evaluated the efficacy of Tezspire in adults with severe CRSwNP.[10] Following 52 weeks of therapy, Tezspire significantly improved the total Nasal Polyp Score and the mean Nasal Congestion Score compared with placebo. A post-hoc analysis of one of the Tezspire pivotal asthma studies, showed an improvement in sino-nasal symptoms with Tezspire in patients with concomitant asthma and CRSwNP.[11] Additional data are needed.

4. **Chronic Spontaneous Urticaria**. Tezspire is not indicated for the treatment of chronic spontaneous urticaria.[1] One Phase II, randomized, double-blind, placebo-controlled trial, INCEPTION, evaluated the efficacy of Tezspire in patients with chronic spontaneous urticaria.[8] Results are available from a subgroup of anti-immunoglobulin E-naïve patients. In this subgroup, there was numeric improvement in the Urticaria Activity Score over 7 days (UAS7) at Week 16 compared with placebo; these improvements were not significant compared with placebo.

5. **Concurrent use of Tezspire with another Monoclonal Antibody Therapy.** The efficacy and safety of Tezspire used in combination with other monoclonal antibody therapies have not been established.
   Note: Monoclonal antibody therapies are Adbry® (tralokinumab-ldrm subcutaneous [SC] injection), Cinqair® (reslizumab intravenous injection), Dupixent® (dupilumab SC injection), Ebglyss™ (lebrikizumab-lbkz SC injection), Fasenra® (benralizumab SC injection), Nemluvio® (nemolizumab-ilto SC injection), Nucala® (mepolizumab SC injection), or Xolair® (omalizumab SC injection).

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J2356	Injection, tezepelumab-ekko, 1 mg

References

1. Tezspire® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; May 2023.
2. Menzies-Gow A, Corren J, Bourdin A, et al. Tezepelumab in adults and adolescents with severe, uncontrolled asthma. *N Engl J Med*. 2021;384(19):1800-1809.
3. Corren J, Parnes JR, Wang L, et al. Tezepelumab in adults with uncontrolled asthma. *N Engl J Med*. 2017;377(10):936-946.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2024. Available at: http://www.ginasthma.org. Accessed on February 7, 2025.
5. Chung KF, Wenzel SE, Brozek JL, et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. *Eur Respir J*. 2014;43:343-373.
6. Holguin F, Cardet JC, Chung KF, *et al*. Management of severe asthma: a European Respiratory Society/American Thoracic Society Guideline. *Eur Respir J.* 2020;55:1900588.
7. Simpson EL, Parnes JR, She D, et al. Tezepelumab, an anti-thymic stromal lymphopoietin monoclonal antibody, in the treatment of moderate to severe atopic dermatitis: a randomized phase 2A clinical trial. *J Am Acad Dermatol*. 2019;80(4):1013-1021.
8. US National Institutes of Health. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2025 Feb 7]. Available from: https://www.clinicaltrials.gov/ct2/results?cond=&term=tezepelumab&cntry=&state=&city=&dist=. Search term: tezepelumab.
9. Singh D, Brightling CE, Rabe KF, et al. Efficacy and safety of Tezepelumab versus placebo in adults with moderate to very severe chronic obstructive pulmonary disease (COURSE): a randomized, placebo-controlled, phase 2a trial. *Lancet Respir Med*. 2025;13(1):47-58.
10. Han J, Lipworth B, Desrosiers M, et al. Efficacy And safety of tezepelumab in adults with severe chronic rhinosinusitis with nasal polyps: results from the Phase 3 WAYPOINT study [abstract L44]. Presented at: the American Academy of Allergy, Asthma, and Immunology/World Allergy Organization Joint Congress; San Diego, CA; February 28 – March 3, 2025.

11. Laidlaw TM, Menzies-Gow A, Caveney S, et al. Tezepelumab efficacy in patients with severe, uncontrolled asthma with comorbid nasal polyps in NAVIGATOR. *J Asthma Allergy*. 2023;16:915-932.
12. Maurer M, McLaren J, Chon Y, et al. Sustained improvement in UAS7 after 16-week treatment with tezepelumab in biologic-naïve adults with CSU: results of the phase 2b INCEPTION study [abstract L39]. Presented at: the American Academy of Allergy, Asthma, and Immunology Annual Meeting; Washington D.C.; February 23-26, 2024.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Policy Name Change: Updated** Policy Name from "Tezepelumab-ekko" to "Immunologicals – Tezspire." **Asthma: Updated** diagnostic criteria requirements for confirmation of asthma. **Authorization Duration: Updated** initial therapy duration from 12 months to 6 months. **Conditions Not Covered: Removed** treatment of Eosinophilic Gastroenteritis (EG), Eosinophilic Esophagitis (EE) or Eosinophilic Colitis.	09/01/2024
Annual Revision	**For the following conditions considered not medically necessary:** **Chronic Obstructive Pulmonary Disease (COPD) and Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP),** trial results were updated. **For Concurrent use of Tezspire with another Monoclonal Antibody Therapy,** the examples of monoclonal antibody therapies were updated to also include Ebglyss and Nemluvio.	05/15/2025

The policy effective date is in force until updated or retired.