Louisiana Medicaid
Tezepelumab-ekko (Tezspire™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for tezepelumab-ekko (Tezspire™).

Additional Point-of-Sale edits may apply.

*This agent may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria

- The recipient is 12 years of age or older; **AND**
- The recipient has a diagnosis of severe asthma; **AND**
- For a non-preferred agent, there is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- For a non-preferred agent, previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
    - The recipient is established on the medication with positive clinical outcomes; **AND**
- The recipient has been compliant with an inhaled corticosteroid (ICS) plus either a long-acting beta agonist (LABA) **OR** another controller agent (e.g., leukotriene receptor antagonist [LTRA]) for at least 3 consecutive months prior to the date of the request [Names of medications must be **stated on the request**]; **AND**
- Even with compliant use of a controller regimen, the recipient's asthma continues to be uncontrolled as defined by **ONE** of the following which is **stated on the request**:
    - The recipient has had two or more asthma exacerbations which required treatment with systemic corticosteroids in the previous 12 months; **OR**
    - The recipient has had at least one asthma exacerbation requiring hospitalization in the previous 12 months; **OR**
    - The recipient has an FEV1 < 80% predicted; **AND**
- This medication is **NOT** being used in combination with other monoclonal antibodies used to treat asthma; **AND**

- This medication **IS** being used in combination with an inhaled corticosteroid (ICS) plus either a long-acting beta agonist (LABA) **OR** another controller agent (e.g., leukotriene receptor antagonist [LTRA]) [Names of medications must be **stated on the request**]; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling.

Reauthorization Criteria

- The recipient continues to meet initial approval criteria; **AND**
- This medication **IS** being used in combination with an inhaled corticosteroid (ICS) plus either a long-acting beta agonist (LABA) **OR** another controller agent (e.g., leukotriene receptor antagonist [LTRA]) [Names of medications must be **stated on the request**]; **AND**
- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of initial and reauthorization approval: 12 months

References

National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung, and Blood Institute (US); 2007

Tezspire (tezepelumab-ekko) [package insert]. Thousand Oaks, CA: Amgen Inc. and AstraZeneca; December 2021. https://den8dhaj6zs0e.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/e306dc06-d580-4457-b15f-9f28545ad63a/e306dc06-d580-4457-b15f-9f28545ad63a_viewable_rendition__v.pdf

Revision / Date	Implementation Date
Policy Created / January 2022	July 2022