Original Effective Date: 04/27/2022
Current Effective Date: 04/01/2026
Last P&T Approval/Version: 01/28/2026
Next Review Due By: 10/2026
Policy Number: C23042-A

Tezspire (tezepelumab-ekko)

PRODUCTS AFFECTED

Tezspire (tezepelumab-ekko)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Severe asthma, Nasal polyps

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. SEVERE ASTHMA:
1. Documented diagnosis of severe asthma
   AND
2. Documentation member has a history of 2 or more asthma exacerbation requiring systemic corticosteroid treatment or 1 asthma exacerbation resulting in hospitalization within the past 12

months
AND

3. Documentation of symptoms inadequately controlled (as documented in criteria above) after an adherent regimen of at least 3 months of the following COMBINATION THERAPY: Medium or High-dose inhaled corticosteroid (or maximally tolerated dose) AND ONE additional asthma controller medication (LABA, LAMA, LTRA)
   AND
4. Tezspire (tezepelumab-ekko) is NOT being used as monotherapy for asthma (must be prescribed as add-on maintenance to be used in combination with other medications for long-term control of asthma)
   AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Tezspire (tezepelumab-ekko) include: Known hypersensitivity to tezepelumab-ekko or excipients, avoid use of live attenuated vaccines.]
   AND
6. IF THIS IS A FOR A NON-FORMULARY/NON-PREFERRED PRODUCT/DOSAGE FORM: Documentation of trial/failure of or serious side effects to a majority (not more than 3) of the preferred formulary alternatives for the given diagnosis. Documentation of medication(s) tried, dates of trial(s) and reason for treatment failure(s) is required.

B. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:

1. Documented diagnosis of chronic rhinosinusitis with nasal polyposis
   AND
2. Member has a history of sino-nasal surgery or is not eligible for surgery
   AND
3. Documentation member has experienced an inadequate response (after 3 consistent months of use) or serious side effects to ONE of the following medications unless contraindicated: preferred formulary/PDL intranasal steroids OR preferred formulary/PDL oral corticosteroids
   AND
4. Documentation member is concurrently receiving treatment with one of the following agents: intranasal steroids, oral corticosteroids, nasal saline irrigations, antibiotics, or antileukotriene agents (i.e., not to be used as monotherapy)
   AND
5. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., nasal congestion, loss of smell, sino-nasal symptoms) [DOCUMENTATION REQUIRED]
   AND
6. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Tezspire (tezepelumab-ekko) include: Known hypersensitivity to tezepelumab-ekko or excipients, avoid use of live attenuated vaccines.]

CONTINUATION OF THERAPY:

A. SEVERE ASTHMA:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

AND

3. Documentation of positive clinical response as demonstrated by significant reduction in corticosteroid dosage or asthma exacerbations
   AND
4. Documentation member is currently treated and is compliant with standard therapy (e.g., inhaled corticosteroids (ICS), long-acting beta-2 agonist (LABA), leukotriene receptor antagonist (LTRA), long-acting muscarinic antagonist (LAMA))

B. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms (e.g., nasal congestion, loss of smell, sino-nasal symptoms) [DOCUMENTATION REQUIRED]
   AND
4. Prescriber attests or clinical reviewer has found that member continues on standard therapy (intranasal steroids, oral corticosteroids, nasal saline irrigations, antibiotics, or antileukotriene agents)

DURATION OF APPROVAL:
Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with, a board-certified asthma specialist (allergist, immunologist, pulmonologist) or physician experienced in the management of asthma, or otorhinolaryngologist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
12 years of age and older

QUANTITY:
210 mg once every 4 weeks

PLACE OF ADMINISTRATION:
The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous injectable products administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program.

Note: Site of Care Utilization Management Policy applies for Tezspire (tezepelumab-ekko). For information on site of care, see Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Thymic Stromal Lymphopoietin (TSLP) Antagonists

FDA-APPROVED USES:
Indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma and for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP).
Limitations of Use: Not for relief of acute bronchospasm or status asthmaticus.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX 1:
Controller medications: suppress the inflammatory causes of asthma to provide clinical control over the long term, whereas reliever medications relieve bronchoconstriction quickly. Controller medications include inhaled glucocorticoids, long-acting beta-agonists (LABAs) andLeukotriene receptor antagonists (LTRA). Theophylline (Theo-24, Uniphyl, TheoChron ER, generics) is also a controller agent, however, it is not as efficacious as LABAs and not recommended for treatment.

Anticholinergic (LAMA)
Tiotropium bromide monohydrate (Spiriva Respimat)

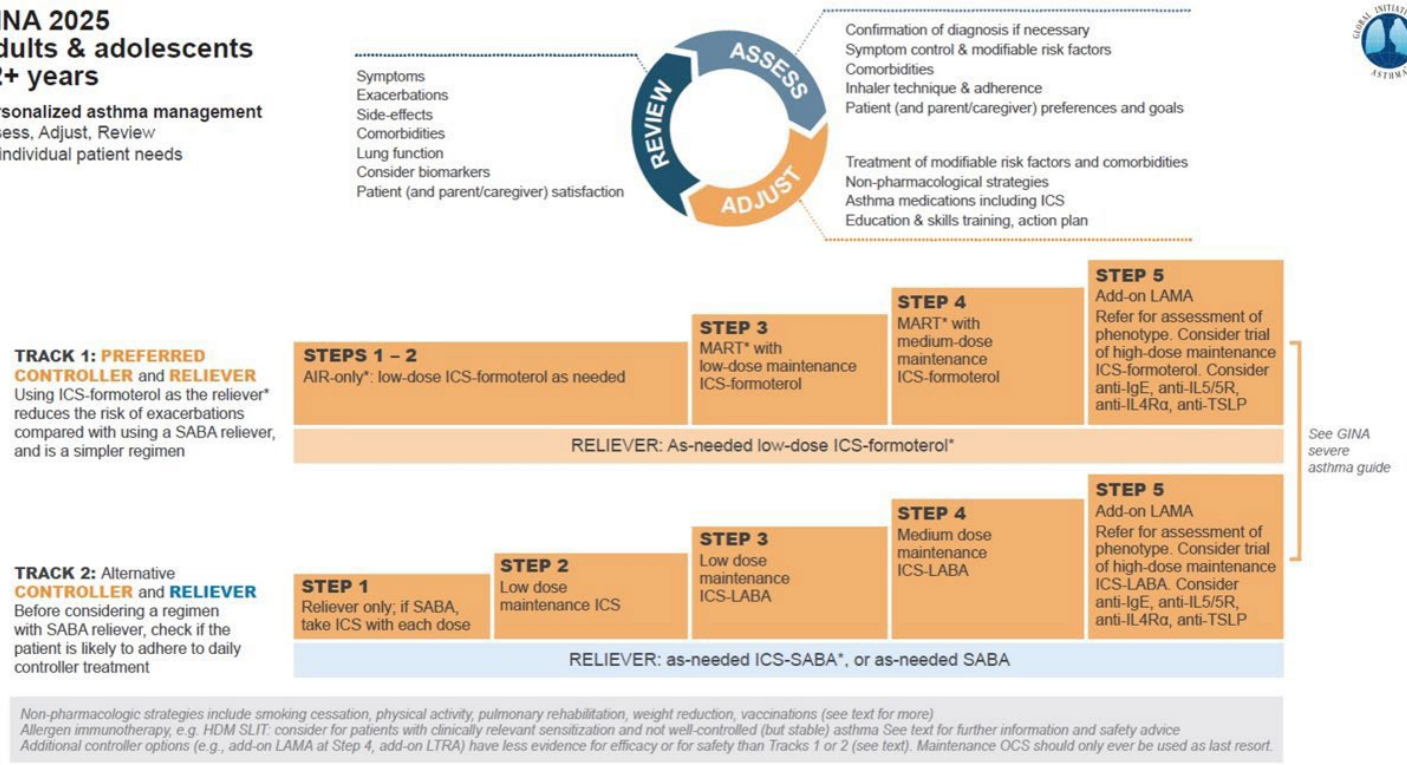
Inhaled Corticosteroids (ICS) (list not all inclusive):
Beclometasone dipropionate (QVAR)
Budesonide DPI (Pulmicort Flexhaler)
Budesonide nebules (Pulmicort Respules)
Ciclesonide (Alvesco)
Fluticasone propionate (ArmonAir Digihaler)
Flunisolide (Aerospan)
Mometasone furoate (Asmanex Twisthaler)
Mometasone furoate (Asmanex HFA)*
Fluticasone furoate (Arnuity Ellipta)
Fluticasone propionate (Flovent Diskus)
Fluticasone propionate (Flovent HFA)
**HFA: hydrofluoroalkane propellant metered dose inhaler*
**DPI: dry powder inhaler*

Combination Long-Acting Bronchodilator and Corticosteroid (ICS+ LABA) (list not all inclusive):
Budesonide/formoterol fumarate dihydrate (Symbicort)
Fluticasone propionate/salmeterol (Advair Diskus/ Adair HFA/ AirDuo/ AirDuo RespiClick/Wixela Inhub)
Fluticasone furoate/vilanterol(Breo Ellipta)
Mometasone furoate/formoterol fumarate dihydrate (Dulera)

Combination Anticholinergic and Corticosteroid and long-acting bronchodilator (ICS+ LAMA+ LABA)
Fluticasone/umeclidnium/vilanterol (Trelegy Elipta)
Budesonide/glycopyrrolate/formoterol (Breztri Aerosphere)

Leukotriene receptor antagonist (LTRA) (list not all inclusive):
Montelukast (Singulair), Zafirlukast (Accolate), Zileuton (Zyflo)

APPENDIX 2: Managing Asthma in Adults and Adolescents 12+ Years



ABBREVIATIONS: AIR: anti-inflammatory reliever; HDM: house dust mite; ICS: inhaled corticosteroid; Ig: immunoglobulin; IL: interleukin; LABA: long-acting beta2-agonist; LAMA: long-acting muscarinic antagonist; LTRA: Leukotriene Receptor Antagonist; MART: maintenance-and-reliever therapy with ICS-formoterol; OCS: oral corticosteroids; SABA: short-acting beta2-agonist; SLIT: sublingual immunotherapy; TSLP: thymic stromal lymphopoietin

REFERENCE: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

APPENDIX 3: SUGGESTED TOTAL DAILY DOSAGES for INHALED CORTICOSTEROIDS (ICS) IN ADULTS AND ADOLESCENTS (12 years and older):

Inhaled Corticosteroid	Low Dose ICS (mcg)	Medium Dose ICS (mcg)	High Dose ICS (mcg)
Beclometasone dipropionate (pMDI, standard particle, HFA)	200-500	>500-1000	>1000
Beclometasone dipropionate (DPI or pMDI, extrafine particle, HFA)	100-200	>200-400	>400
Budesonide (DPI, or pMDI, standard particle, HFA)	200-400	>400-800	>800
Ciclesonide (pMDI, extrafine particle, HFA)	80-160	>160-320	>320
Fluticasone furoate (DPI)	100	100-200	200
Fluticasone propionate (DPI)	100-250	>250-500	>500
Fluticasone propionate (pMDI, standard particle, HFA)	100-250	>250-500	>500
Mometasone furoate (DPI)	Depends on DPI device – see product information		
Mometasone furoate (pMDI, standard particle, HFA)	200-400	200-400	>400

Reference: Box 4-2. Low, medium and high daily metered doses of inhaled corticosteroids (alone or with LABA) Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Tezspire is a first-in-class monoclonal antibody that blocks the action of thymic stromal lymphopoietin (TSLP), an epithelial cytokine that acts at the top of the inflammatory cascade implicated in the pathogenesis of asthma.

In the NAVIGATOR trial, 1061 patients 12 years of age and older were randomly assigned 1:1 to receive tezepelumab 210mg subcutaneously every 4 weeks or placebo, in addition to standard of care. The primary endpoint was the annualized asthma exacerbation rate during the 52-week treatment period.

Results from NAVIGATOR showed that treatment with tezepelumab was associated with a statistically significant and clinically meaningful 56% reduction in annualized asthma exacerbation rate in the overall patient population compared with placebo (0.93 vs 2.10; rate ratio, 0.44 [95% CI, 0.37-0.53]; P <.001). Moreover, tezepelumab was associated with a significantly lower rate of annualized asthma exacerbations requiring an emergency room visit or hospitalization (0.06 vs 0.28 for placebo; rate ratio, 0.21 [95% CI, 0.12-0.37]).

Compared with placebo, tezepelumab provided clinically meaningful improvements in the mean change from baseline in FEV1 (LS mean change vs placebo 0.13 L; 95% CI, 0.08-0.18), as well as in patient reported outcomes, as measured by the Asthma Control Questionnaire 6 and Standardized Asthma Quality of Life Questionnaire for ages 12 and older.

Similar findings were observed in the 52-week PATHWAY trial, which enrolled 550 adult patients with severe asthma. Tezepelumab significantly reduced the annualized rate of asthma exacerbations compared with placebo (0.20 vs 0.72; rate ratio, 0.29 [95% CI, 0.16-0.51]).

A total of 82 pediatric patients aged 12 to 17 years were enrolled in the NAVIGATOR trial. Compared with placebo, improvements in annualized asthma exacerbation (rate ratio 0.70; 95% CI, 0.34-1.46) and FEV1 (LS mean change vs placebo 0.17 L; 95% CI, -0.01, 0.35) were observed in patients treated with tezepelumab.
The most common adverse reactions reported with tezepelumab included pharyngitis, arthralgia, and back pain.

Global Initiative for Asthma (GINA, 2024)
Add-on biologic therapy: options recommended by GINA for patients with uncontrolled severe asthma despite optimized maximal therapy include:

- Add-on anti-immunoglobulin E treatment (omalizumab [Xolair]) for patients age ≥ 6 years with **severe allergic asthma** (Evidence A)
- Add-on anti-interleukin- 5/5R treatment (SC mepolizumab [Nucala] for patients age ≥ 6 years; IV reslizumab [Cinqair] for ages ≥18 years or SC benralizumab[Fasenra] for ages ≥12 years), with **severe eosinophilic asthma** (Evidence A)
- Add-on anti-interleukin-4Rα treatment (SC dupilumab [Dupixent]) for patients aged ≥ 6 years with **severe eosinophilic/type 2 asthma** or for **patients requiring treatment with maintenance OCS** (Evidence A)
- Add-On anti-thymic stromal lymphopoietin (anti TSLP) treatment (subcutaneous tezepelumab [Tezspire]) for patients aged ≥12 years with **severe asthma** (Evidence A)
- Suggested initial trial of add-on anti-IL5 for severe eosinophilic asthma is at least 4 months. At

that point, response to initial trial of add-on therapy should be reviewed. There are no well-defined criteria for good response, but exacerbations, symptom control, lung function, side effects, treatment intensity, and patient satisfaction should be considered. If the response is unclear, consider extending the trial to 6-12 months. If there is no response, stop the biologic therapy and consider switching to a different targeted therapy, if available.

No significant changes in 2025.

Tezspire (tezepelumab) is also approved for Chronic Rhinosinusitis with Nasal Polyps. The efficacy of Tezspire for add-on maintenance treatment of inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP) was evaluated in a randomized, double-blind, parallel group, multicenter, placebo-controlled trial (WAYPOINT [NCT04851964]) of 52 weeks treatment duration conducted in 408 patients aged 18 years and older on standard of care treatment for CRSwNP. This study included patients with symptomatic CRSwNP despite treatment with nasal corticosteroids, and who had systemic corticosteroids within the past 12 months and/or any history of sino-nasal surgery, or with contraindications and/or intolerance to either. Patients received Tezspire 210 mg or placebo subcutaneously every 4 weeks for 52 weeks in addition to nasal corticosteroid treatment for CRSwNP. The co-primary efficacy endpoints were change from baseline in total nasal polyp score (NPS) evaluated by nasal endoscopy at Week 52 as graded by independent blinded assessors, and change from baseline in bi-weekly mean nasal congestion score (NCS) evaluated at Week 52. For total NPS, polyps on each side of the nose were graded on a categorical scale for a total score of 0 to 8. Nasal congestion was rated daily by the patients on a 0 to 3 categorical severity scale. Statistically significant efficacy was observed in WAYPOINT for the co-primary endpoints of improvement in total NPS and in bi-weekly mean NCS at Week 52. Key secondary endpoints at Week 52 included time to surgery decision and/or systemic corticosteroid use for nasal polyps, change from baseline in loss of smell, and change from baseline in Lund-Mackay (LMK) sinus CT scan score. Tezspire significantly reduced the proportion of patients with need for sino-nasal surgery or systemic corticosteroids by 92% compared to placebo over 52 weeks (Hazard Ratio: 0.08; 95% CI: 0.03, 0.17). Tezspire significantly reduced the proportion of patients requiring sino-nasal surgery by 98% compared to placebo over 52 weeks (Hazard Ratio: 0.02; 95% CI: 0.00, 0.09) and significantly reduced the proportion of patients requiring systemic corticosteroids for CRSwNP by 88% compared to placebo over 52 weeks (Hazard Ratio: 0.12; 95% CI: 0.04, 0.27). The loss of smell score was based on a subject's daily rating of the severity of their worst difficulty with sense of smell over the past 24 hours on a 0 to 3 scale. The loss of smell score was calculated every 2 weeks as the bi-weekly mean. Tezspire significantly improved the loss of smell compared to placebo. The LS mean difference for loss of smell at Week 52 in the Tezspire group versus placebo was -1.01 [95% CI: -1.18, -0.83]. The LMK sinus CT scan score evaluated the opacification of each sinus at baseline and Week 52 using a 0 to 2 scale deriving a maximum score of 12 per side and a total maximum score of 24 (higher scores indicate more opacification). A significant decrease in the LMK sinus CT scan score was observed. The LS mean difference for LMK sinus CT scan score at Week 52 in the Tezspire group versus placebo was -5.76 [95% CI: -6.45, -5.07].

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Tezspire (tezepelumab-ekko) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Tezspire (tezepelumab-ekko) include: Known hypersensitivity to tezepelumab-ekko or excipients, avoid use of live attenuated vaccines.

Exclusions/Discontinuation:

If the member is a smoker, the member has been counseled regarding the benefits of smoking cessation and/or connected with a program to support smoking cessation.

Underlying conditions or triggers for asthma or pulmonary disease must be maximally managed.

Do not use concurrently with any of the following: Xolair (omalizumab) OR IL-5 inhibitors [benralizumab (Fasenra), mepolizumab (Nucala), reslizumab (Cinqair)] OR IL-4 antagonist Dupixent (dupilumab).

OTHER SPECIAL CONSIDERATIONS:

Tezspire vial and pre-filled syringe are intended for administration by a healthcare provider. Tezspire pre-filled pen can be administered by patients/caregivers or healthcare providers. Patients/caregivers may administer Tezspire pre-filled pen after proper training in subcutaneous injection technique and after the

healthcare provider determines it is appropriate.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J2356	Injection, tezepelumab-ekko, 1 mg

AVAILABLE DOSAGE FORMS:
Tezspire SOAJ 210MG/1.91ML auto-injector
Tezspire SOSY 210MG/1.91ML prefilled syringe

REFERENCES

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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy Prescriber Requirements FDA-Approved Uses Background References	Q1 2026
REVISION- Notable revisions: Required Medical Information Contraindications/Exclusions/Discontinuation References	Q4 2025
REVISION- Notable revisions: Coding/Billing Information Template Update Required Medical Information Continuation of Therapy Appendix References	Q4 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Quantity Route of Administration Appendix Background Contraindications/Exclusions/Discontinuation Other Special Considerations Coding/Billing Information Available Dosage Forms References	Q4 2023
NEW CRITERIA CREATION	Q2 2022