Blue Cross Blue Shield Blue Care Network of Michigan

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Effective Date: 12/14/2023

Tezspire™ (tezepelumab-ekko)

HCPCS: J2356

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Criteria:
   a. FDA approved indication
   b. FDA approved age
   c. For severe asthma, including eosinophilic, allergic, and OCS dependent phenotypes:
      i. Must be used as add-on maintenance treatment with severe uncontrolled asthma and patient will continue to receive standard of care regimen
      ii. Chronic administration of systemic corticosteroids or high dose inhaled corticosteroids (listed in table 1) in combination with:
         1. Long acting inhaled β2 agonist (LABA) for at least 3 months fails to maintain adequate control
            OR
         2. Leukotriene modifier for at least 3 months fails to maintain adequate control
            OR
         3. LAMA (long-acting muscarinic antagonists) for at least 3 months fails to maintain adequate control
   d. For eosinophilic asthma:
      i. History of treatment failure, intolerance or contraindication to at least a 4-month trial of an anti-interleukin 5 therapy (e.g., Fasenra®, Nucala®), AND
      ii. History of treatment failure, intolerance or contraindication to at least a 4-month trial of Dupixent®
   e. For allergic asthma:
      i. History of treatment failure, intolerance or contraindication to at least a 4-month trial of Xolair®
   f. For OCS dependent asthma:
      i. History of treatment failure, intolerance or contraindication to at least a 4-month trial of Dupixent
   g. Cannot be used in combination with other biologics for asthma
   h. The member will self-administer Tezspire unless clinically unable to do so
   i. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list and/or BCBSM/BCN's prior authorization and step therapy documents.

B. Quantity Limitations, Authorization Period and Renewal Criteria
    a. Quantity Limits: Align with FDA recommended dosing
    b. Authorization Period: One year at a time
    c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Tezspire is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (IgG2λ), indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.
    - Limitations of use: Not for relief of acute bronchospasm or status asthmaticus.
- TSLP is a key epithelial cytokine in allergy and asthma pathophysiology and is overexpressed in asthmatic patients. Once released, TSLP drives multiple downstream innate and adaptive immune responses.
- Severe asthma is uncontrolled despite adherence with maximal optimized high dose inhaled corticosteroids/long-acting beta agonists (ICS/LABA), or that requires high dose ICS/LABA to prevent it from becoming uncontrolled.
- Asthma affects 25 million Americans with 1.6 million ER visits, 180,000 hospitalizations, and 3,500 deaths each year. Severe asthma afflicts 5 to 10 percent of the asthma population but drives the majority of the morbidity and costs of the disease.
- Add-on treatments for severe asthma include LAMAs, leukotriene receptor antagonists (LTRA), low dose azithromycin (adults), and biologic agents for severe allergic or severe type 2 asthma. Type 2 inflammation is found in a majority of people with severe asthma and is characterized by the production of cytokines such as interleukin (IL). The Global Institute for Asthma (GINA) 2022 guidelines have the following recommendations for add-on biologic therapy for severe asthma:
    - Add-on anti-immunoglobulin E (anti-IgE) (omalizumab) treatment: for patients aged ≥6 years with moderate or severe allergic asthma that is uncontrolled on Step 4–5 treatment (Evidence A).
    - Add-on anti-IL-5/5R treatment (subcutaneous mepolizumab for patients aged ≥6 years; intravenous reslizumab for ages ≥18 years; or subcutaneous benralizumab for ages ≥12 years), with severe eosinophilic asthma that is uncontrolled on Step 4–5 treatment. Efficacy data for mepolizumab in children 6–11 years are limited to one very small open label uncontrolled study.
    - Add-on anti-IL-4Rα treatment (subcutaneous dupilumab) for patients aged ≥6 years with severe eosinophilic/Type 2 asthma, or for adults or adolescents requiring treatment with maintenance OCS.
    - Add-on anti-thymic stromal lymphopoietin (anti-TSLP) (subcutaneous tezepelumab): for patients aged ≥12 years with severe asthma (Evidence A).
- Per the GINA 2022 guidelines, a trial of at least 4 months of an add-on biologic therapy is recommended before assessing response.

- Eosinophilic asthma is a sub-phenotype of severe asthma characterized by elevated sputum and blood eosinophil levels as well as increased asthma severity, atopy, late-onset disease, and steroid refractoriness.

- A peripheral blood eosinophil count is an indirect way to estimate airway inflammation. A blood eosinophil count ≥ 300 cells/microliter may help to predict asthmatics who are at increased risk for exacerbations in the next year. Furthermore, a count-response relationship exists between blood eosinophil counts and asthma-related outcomes. The European Respiratory Society/American Thoracic Society guidelines from 2020 suggest that treatment of severe asthma be guided by clinical criteria and biomarkers such as blood eosinophil levels or fractional exhaled nitric oxide (FeNO), rather than by clinical criteria alone. In addition, it also suggests that a blood eosinophil count cut-off point of ≥ 150 cells/microliter can be used to guide anti-IL5 therapy initiation in adult patients with severe asthma and a history of prior asthma exacerbations.

- Type 2 inflammation is found in a majority of people with severe asthma and is characterized by production of cytokines such as interleukin and can also include immunoglobulin E (IgE)-mediated events involving mast cells and basophils (in particular, mast cells, eosinophils, T lymphocytes, macrophages, neutrophils, and epithelial cells). Anti-IgE monoclonal antibodies reduce the levels of circulating IgE and inhibit the binding of IgE to mast cells to prevent activation of the allergic cascade and decrease inflammation.

    - IgE levels of >30 but <700 IU/mL for patients 12 years of age and older and IgE levels >30 but <1,300 IU/mL for patients between the ages of 6 to <12 years were used in the efficacy data from Xolair clinical trials and showed where Xolair was most effective.

- Clinical reasons a patient may be unable to self-administer Tezspire include:

    - Patient or caregivers are unable to perform subcutaneous (SC) injections with proper technique.

    - Member requires monthly medical support from the physician.

References:

1. Tezspire [prescribing information]. Thousand Oaks, CA. Amgen Inc. May 2023.
2. 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.
3. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org.
4. PRNewswire press release; FDA approves Tezspire™ (tezepelumab-ekko) in the U.S. for severe asthma (prnewswire.com) accessed December, 2021.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.3</td><td>Effective Date: 12/14/2023</td><td>Specific step therapy is now “Medicare only” criteria.</td></tr>
<tr><td>1.2</td><td>Effective Date: 04/06/2023</td><td>Update to require 4 month trial of appropriate step therapy and to require self-administration of new prefilled pen product for those clinically able to do so</td></tr>
<tr><td>1.1</td><td>Effective Date: 02/02/2023</td><td>Update to require pharmacy benefit options when clinically appropriate</td></tr>
<tr><td>1.0</td><td>Effective Date: 02/21/2022</td><td>UM medical management system update for MAPPO and BCNA
<table>
<tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr>
<tr><td>BCBS</td><td>Yes</td></tr>
<tr><td>BCN</td><td>Yes</td></tr>
<tr><td>MAPPO</td><td>Yes</td></tr>
<tr><td>BCNA</td><td>Yes</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*

Table 1: Comparative cumulative daily dosing of inhaled corticosteroids (mcg/day)

Inhaled Corticosteroid	Ages 12 and up			Ages 6-11		
	Low Dose	Medium Dose	High Dose	Low Dose	Medium Dose	High Dose
Beclomethasone dipropionate HFA	100 – 200	>200 – 400	>400	50 – 100	>100 – 200	>200
Budesonide DPI	200 – 400	>400 – 800	>800	100 – 200	>200 – 400	>400
Budesonide nebules	NA	NA	NA	250 – 500	>500 – 1,000	>1,000
Ciclesonide HFA	80 – 160	>160 – 320	>320	80	>80 – 160	>160
Fluticasone furoate DPI	100	NA	200	NA	NA	NA
Fluticasone propionate DPI	100 – 250	>250 – 500	>500	100 – 200	>200 – 400	>400
Fluticasone propionate HFA	100 – 250	>250 – 500	>500	100 – 200	>200 – 500	>500
Mometasone furoate	110 – 220	>220 – 440	>440	110	≥220 - <440	≥440
Triamcinolone acetonide	400 – 1,000	>1,000 – 2,000	>2,000	400 – 800	>800 – 1,200	>1,200