06/13/2022

Tezspire (Tezepelumab-ekko) Update Effective July 1

Background:

Beginning July 1, 2022, Tezspire will become a benefit of Medicaid and CHIP. HHSC will require prior authorization for Tezspire (procedure code J2356) for Medicaid and CHIP on August 1, 2022.

Key Details:

Tezspire (Tezepelumab-ekko) is a human monoclonal antibody indicated as an add-on maintenance therapy treatment for severe asthma in pediatric and adult clients 12 and older.

HHSC will consider initial prior authorization approval of Tezspire (Tezepelumab-ekko) therapy when a client meets the following criteria :

- The client is 12 years of age or older.
- The client has a confirmed diagnosis of severe asthma (diagnosis code: J45.50 and J45.51).
- The client uses Tezspire as an add-on maintenance therapy. Tezspire is not to be used as a single or primary therapy.
- The client is currently on the following as a regular treatment for severe asthma and is compliant with the therapy:
    - Medium or high-dose inhaled corticosteroid therapy, **and**
    - An additional asthma controller

Tezspire should not be used to relieve acute bronchospasm or status asthmaticus.

Tezspire may not be used in combination with anti-IgE, anti_IL4, or anti-IL5 monoclonal antibody agents (i.e., benralizumab, omalizumab, mepolizumab, reslizumab, dupilumab, etc.)

Any client with pre-existing helminth infections should be treated before receiving Tezspire (tezepelumab-ekko) therapy.

- If there is an active helminth infection, the client should be treated with anti-helminth treatment.
- If there is no response, treatment with Tezspire should discontinue until the parasitic infection resolves.

Tezspire (tezepelumab-ekko) should not be administered concurrently with live attenuated vaccination.

For renewal or continuation therapy client must meet the following requirements:

- The client continues to meet the initial authorization approval criteria for Tezspire.

- The client has not had any hypersensitivity reactions or unacceptable adverse events like helminth infection due to therapy.

- The client experienced a positive clinical response to therapy, as demonstrated by no increase in asthma exacerbations or improvement in asthma symptoms.

Additional Information:

Refer to the Outpatient Drug Services Handbook Chapter of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

FFS criteria will implement on August 1, 2022; however, MCOs do not need to wait for publication in the TMPPM before implementation. MCOs may choose to implement the updated requirements but cannot make them more restrictive.