

POLICY NAME	Tezspire (tezepelumab)	POLICY #	3136P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of severe asthma
- ☐ 1.2 Age \geq 12 years
- ☐ 1.3 Prescribed by, or in consultation with an allergist, immunologist (doctor of the immune system), or pulmonologist (doctor of the lungs)
- ☐ 1.4 Documented use with one of the following:
 - An inhaled corticosteroid (ICS) therapy such as Asmanex, Pulmicort or QVAR and one additional therapy such as montelukast with lack of asthma control
 - A maximally tolerated combination inhaled corticosteroid/long acting beta2 agonist (ICS/LABA) inhaler such as Symbicort or Dulera with lack of asthma control