

<b>POLICY NAME</b>	Tezspire (tezepelumab)	<b>POLICY #</b>	3136P
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## Criteria

### Coverage Criteria

- ☐ Diagnosis of severe asthma
- ☐ Age  $\geq$  12 years
- ☐ Prescribed by, or in consultation with an allergist, immunologist (doctor of the immune system), or pulmonologist (doctor of the lungs)
- ☐ 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