Tezepelumab-ekko (TEZSPIRE) Injection
Criteria for Use
May 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

- ☐ Acute asthma exacerbation or status asthmaticus
- ☐ Concurrent use with other biologics for asthma
- ☐ Currently undergoing bronchial thermoplasty
- ☐ Untreated parasitic (helminth) infection (treat before starting tezepelumab)
- ☐ Treatment with live (attenuated) vaccines within the previous 30 days or concurrent use with live (attenuated) vaccines^1

1. If a live (attenuated) vaccine is needed, do not administer within 90 days after receiving a dose of tezepelumab. Consider risk versus benefit of interrupting tezepelumab therapy versus need for vaccine.

Inclusion Criteria

All the following criteria must be met

- ☐ Provider is a VA or VA Community Care asthma specialist (i.e., pulmonologist, allergist, immunologist)
- ☐ Diagnosis of asthma^2
- ☐ Receiving high-dose inhaled corticosteroid (or maximally tolerated dose) AND at least 3 months of a long-acting beta agonist and/or other controller medication such as tiotropium ^3
- ☐ Adherent to asthma medications as evidenced by a review of prescription refill history during the last 12 months
- ☐ At least 2 exacerbations requiring systemic corticosteroids OR at least 1 hospitalization due to asthma exacerbation in the prior year OR inadequate asthma control^4

2. Typically, pre-bronchodilator FEV1 <80%
3. Providers should observe patient's inhaler use, as poor technique frequently is a cause of poor results in asthma
4. Examples of inadequate asthma control include short-acting beta-agonist use more than 2 days per week, nighttime awakening due to asthma more than 1 time per week, limitation with normal activity, Asthma Control Test less than 19

Additional Inclusion Criteria

At least one of the criteria must be met

- ☐ Baseline blood eosinophil count <150 cells/µL^5
- ☐ Baseline eosinophil >/= 150 cells/ µL and inadequate response or adverse event to 2 interleukin receptor monoclonal antibodies used for asthma ^6-7

5. Omalizumab or tezepelumab may be considered for patients with confirmed allergic asthma and blood eosinophils <150 cells/µL. For patients with both allergic-eosinophilic asthma subtypes, who cannot use omalizumab (e.g., inadequate response, adverse event, contraindication), a trial of benralizumab is recommended before using tezepelumab.
6. Interleukin receptor monoclonal antibodies used in asthma include the **formulary agent benralizumab** and the nonformulary agents mepolizumab and dupilumab
7. A treatment period of 4-6 months is generally needed to assess response. Patients who show intermediate response may need to be treated for 6-12 months for optimal response.

Other Justification

☐ _____

Prepared: May 2022. Contact: Deb Khachikian, PharmD, National Clinical Pharmacy Program Manager, VA Pharmacy Benefits Management Services (12PBM)