

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Tezspire is a thymic stromal lymphopoietin (TSLP) blocker, human monoclonal antibody (IgG2λ), indicated for the add-on maintenance treatment of severe asthma. TSLP is a cytokine involved in the asthma immune response and is over-expressed in asthma patients.						
Exclusion Criteria	Must not be used in combination with other biologic drugs.						
Required Medical Information	Medical records supporting the request, including documentation of prior therapies and responses to treatment must be provided.						
Age Restriction	None.						
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
Coverage Duration	Initial: one year; reauthorization: two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 926 1511 1073"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2356</td> <td>Tezspire (tezepelumab-ekko) Pre-filled Autoinjector Pen</td> <td>Billing unit: 1 mg 210 mg/1.91 mL Pen-injector</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2356	Tezspire (tezepelumab-ekko) Pre-filled Autoinjector Pen	Billing unit: 1 mg 210 mg/1.91 mL Pen-injector
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025