Cigna National Formulary Coverage Policy

Effective Date..... 3/1/2023
Next Review Date..... 3/1/2024

Prior Authorization
Immunologicals – Tezspire® (tezepelumab-ekko subcutaneous injection)

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Product Identifier(s)

Effective 1/1/23 to 4/11/23: 110117

Effective 4/12/23: 92236

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Cigna covers tezepelumab-ekko (Tezspire®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Tezspire. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of individuals treated with Tezspire as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Tezspire to be prescribed by or in consultation with a physician who specializes in the condition being treated.

FDA Indication(s)

1. **Asthma.** Approve Tezspire for the duration noted if the individual meets one of the following conditions (A or B):
   A) Initial Therapy. Approve for 6 months if the individual meets the following criteria (i, ii, iii, and iv):

i. Individual is ≥ 12 years of age; AND
ii. Individual has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):
   a) An inhaled corticosteroid; AND
   b) At least one additional asthma controller or asthma maintenance medication; AND
   Note: Examples of additional asthma controller or asthma maintenance medications are inhaled long-acting beta$_2$-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, and monoclonal antibody therapies for asthma (e.g., Tezspire, Cinqair [reslizumab intravenous infusion], Fasenra [benralizumab subcutaneous injection], Nucala [mepolizumab subcutaneous injection]), Dupixent (dupilumab subcutaneous injection), Xolair (omalizumab subcutaneous injection). Use of a combination inhaler containing both an inhaled corticosteroid and additional asthma controller/maintenance medication(s) would fulfill the requirement for both criteria a and b.
iii. Individual has asthma that is uncontrolled or was uncontrolled at baseline as defined by ONE of the following (a, b, c, d, or e):
   Note: "Baseline" is defined as prior to receiving Tezspire or another monoclonal antibody therapy for asthma. Examples of monoclonal antibody therapies for asthma include Cinqair, Dupixent, Fasenra, Nucala, Tezspire, and Xolair.
   a) Individual experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR
   b) Individual experienced one or more asthma exacerbation(s) requiring a hospitalization, an emergency department visit, or an urgent care visit in the previous year; OR
   c) Individual has a forced expiratory volume in 1 second (FEV_1) < 80% predicted; OR
   d) Individual has an FEV_1/forced vital capacity (FVC) < 0.80; OR
   e) Individual has asthma that worsens upon tapering of oral (systemic) corticosteroid therapy; AND
iv. The medication is prescribed by or in consultation with an allergist, immunologist, or pulmonologist.

B) Individual is Currently Receiving Tezspire. Approve for 1 year if the individual meets the following criteria (i, ii, and iii):
i. Individual has already received at least 6 months of therapy with Tezspire; AND
   Note: An individual who has received < 6 months of therapy or who is restarting therapy with Tezspire should be considered under criterion 1A (Asthma, Initial Therapy).
ii. Individual continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; AND
iii. Individual has responded to therapy as determined by the prescriber.
   Note: Examples of a response to Tezspire therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department, urgent care, or medical clinic visits due to asthma; improved lung function parameters; and/or a decreased requirement for oral corticosteroid therapy.

Conditions Not Covered

Tezepelumab-ekko (Tezspire®) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):

1. **Atopic Dermatitis.** Tezspire is not indicated for the treatment of atopic dermatitis.[1] One Phase IIa study, ALLEVIAD (published) [n = 113] evaluated the efficacy of Tezspire in combination with topical corticosteroids (TCS) vs. placebo in adults with moderate to severe atopic dermatitis.[7] At Week 12, a larger proportion of individuals in the Tezspire + TCS group achieved a 50% reduction in the Eczema Area and Severity Index (primary efficacy endpoint) compared with placebo + TCS. However, this treatment difference was not statistically significant. Another Phase II, dose-ranging study in individuals with atopic dermatitis was terminated prior to completion.[8]

2. **Chronic Obstructive Pulmonary Disease (COPD).** Tezspire is not indicated for the treatment of COPD.[1] One Phase II, randomized, double-blind, placebo-controlled trial, COURSE, is currently underway evaluating

the efficacy of Tezspire in individuals with moderate- to very severe-COPD who are continuing to experience exacerbations despite triple inhaled maintenance therapy (i.e., ICS/LABA/long-acting muscarinic antagonist).[8] Results are not yet available.

3. **Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP).** Tezspire is not indicated for the treatment of CRSwNP.[1] One Phase III, randomized, double-blind, placebo-controlled trial, WAYPOINT, is currently underway evaluating the efficacy of Tezspire in adults with severe CRSwNP.[8] Results are not yet available.

4. **Chronic Spontaneous Urticaria**. Tezspire is not indicated for the treatment of chronic spontaneous urticaria.[1] One Phase II, randomized, double-blind, placebo-controlled trial, INCEPTION, is currently underway evaluating the efficacy of Tezspire in individuals with chronic spontaneous urticaria.[8] Results are not yet available.

5. **Concurrent use of Tezspire with other Monoclonal Antibody Therapies (i.e., Cinqair, Fasenra, Nucala, Dupixent, Xolair, or Adbry).** The efficacy and safety of Tezspire used in combination with other monoclonal antibody therapies have not been established.

Background

Overview
Tezspire, a thymic stromal lymphopoietin (TSLP) blocker, is indicated as add-on maintenance treatment of patients ≥ 12 years of age with **severe asthma**.[1]

Clinical Efficacy
Tezspire has been studied in patients ≥ 12 years of age with severe asthma.[2] The patients enrolled in the Phase III pivotal Tezspire trial had experienced two or more asthma exacerbations in the previous year, despite treatment with a medium- or high-dose inhaled corticosteroid (ICS) and one additional controller medication (e.g., long-acting beta$_2$-agonist [LABA], leukotriene antagonist).[2,3] In one study, 6 months of these previous therapies were required for enrollment, while in another, 12 months of ICS therapy with at least 3 months of additional controller therapy was required. In these trials, asthma exacerbation data was evaluated following 52 weeks of treatment. However, improvements in lung function parameters and symptom scores were reported as early as the first post-baseline assessment (i.e., 2 weeks of therapy).

Guidelines
The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2022) proposes a step-wise approach to asthma treatment.[4] Tezspire is listed as an option for add-on therapy in patients ≥ 12 years of age with difficult-to-treat, severe asthma (i.e., asthma that cannot be managed by therapy with an ICS/LABA combination with or without an additional controller). Higher blood eosinophil levels and higher fractional exhaled nitric oxide may predict a good asthma response to Tezspire.

The European Respiratory Society/American Thoracic Society guidelines (2014; updated in 2020) define severe asthma as requiring treatment with a high-dose ICS in addition to a second controller medication (and/or systemic corticosteroids) to prevent it from becoming uncontrolled, or asthma which remains uncontrolled despite this therapy.[5,6] Uncontrolled asthma is defined as asthma that worsens upon tapering of high-dose ICS or systemic corticosteroids or asthma that meets one of the following four criteria:

1) Poor symptom control: Asthma Control Questionnaire consistently ≥ 1.5 or Asthma Control Test < 20;
2) Frequent severe exacerbations: two or more bursts of systemic corticosteroids in the previous year;
3) Serious exacerbations: at least one hospitalization, intensive care unit stay, or mechanical ventilation in the previous year;
   Airflow limitation: forced expiratory volume in 1 second (FEV_1) < 80% predicted after appropriate bronchodilator withholding.

References

1. Tezspire® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; December 2021.

2. Menzies-Gow A, Corren J, Bourdin A, et al. Tezepelumab in adults and adolescents with severe, uncontrolled asthma. *N Engl J Med*. 2021;384(19):1800-1809.
3. Corren J, Parnes JR, Wang L, et al. Tezepelumab in adults with uncontrolled asthma. *N Engl J Med*. 2017;377(10):936-946.
4. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2022. Available at: http://www.ginasthma.org. Accessed on: January 18, 2023.
5. Chung KF, Wenzel SE, Brozek JL, et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. *Eur Respir J*. 2014;43:343-373.
6. Holguin F, Cardet JC, Chung KF, *et al*. Management of severe asthma: a European Respiratory Society/American Thoracic Society Guideline. *Eur Respir J*. 2020;55:1900588.
7. Simpson EL, Parnes JR, She D, et al. Tezepelumab, an anti-thymic stromal lymphopoietin monoclonal antibody, in the treatment of moderate to severe atopic dermatitis: a randomized phase 2A clinical trial. *J Am Acad Dermatol*. 2019;80(4):1013-1021.
8. US National Institutes of Health. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2023 Jan 18]. Available from: https://www.clinicaltrials.gov/ct2/results?cond=&term=tezepelumab&cntry=&state=&city=&dist=. Search term: tezepelumab.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	**Conditions not recommended for approval:** For "Concurrent use of Tezspire with another Monoclonal Antibody Therapy", the condition was updated to specify that "other monoclonal antibody therapy" is defined as "Cinqair, Dupixent, Fasenra, Nucala, Xolair, and Adbry". There were no other changes to the criteria.	02/08/2023