

PART B STEP THERAPY CRITERIA FOR APPROVAL

Tezspire will be approved when ALL of the following are met:

1. The requested medication is being used for ONE of the following:
 - A. An FDA approved indication
 - OR**
 - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
 - A. Information has been provided that indicates the patient has been treated with the requested medication in the past 365 days
 - OR**
 - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL prerequisite medication(s)*
 - OR**
 - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL prerequisite medication(s)*
 - OR**
 - D. The prescriber has submitted documentation indicating ALL prerequisite medication(s)* are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

Length of Approval: up to 12 months

Targeted Part B Medication	*Prerequisite Medication(s)
Tezspire (tezepelumab-ekko) injection	Part D – formulary inhaled corticosteroid

NOTES:

- Preferred medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.