TEZSPIRE®
(tezepelumab-ekko) Subcutaneous Injection 210 mg

PRIOR AUTHORIZATION AND APPEALS GUIDE

This guide provides practical tips, information, and resources to support the PA and appeals process for your TEZSPIRE patients.

Need help?

Connect with your dedicated **Field Reimbursement Manager (FRM)** directly or call **TEZSPIRE Together at 1-888-TZSPIRE (1-888-TZSPIRE)** Monday-Friday, 8 AM–8 PM ET.

INDICATION

TEZSPIRE is indicated for:

- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus
- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP)

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

Please see additional Important Safety Information on page 8.

TEZSPIRE® (tezepelumab-ekko) Subcutaneous Injection 210 mg | TEZSPIRE® together

GETTING STARTED WITH PRIOR AUTHORIZATIONS FOR YOUR TEZSPIRE PATIENTS*

You can obtain the applicable PA form from your patient's insurance provider or specialty pharmacy. Refer to the information in this section when completing a PA to help avoid delays in **helping your patients start and stay on TEZSPIRE as prescribed.**

Please note that the information in this guide is not all inclusive, as payer requirements vary. Please consult the health plan's policy for specific PA criteria and documentation requirements.

*The information provided in this guide is of a general nature, for informational purposes only, is not intended to be comprehensive nor instructive, and should in no way be considered a guarantee of coverage or reimbursement for any product or service. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure, is always the responsibility of the provider or physician.

Consider the following tips when submitting a PA

01 **Are all necessary sections of the form complete?**
Missing or incorrect information is one of the most common reasons for denials

02 **Have you included supporting documentation?**
Pay close attention to sections that require you to attach supporting documentation and ensure those are submitted with your PA

PA=Prior authorization.

PRIOR AUTHORIZATIONS

TEZSPIRE® (tezepelumab-ekko) Subcutaneous injection 210 mg | TEZSPIRE® together

Product Information NDC codes

TEZSPIRE (tezepelumab-ekko) 210mg/1.91mL
Pre-filled Syringe: 55513-0112-01

TEZSPIRE (tezepelumab-ekko) 210mg/1.91mL
Pre-filled Pen: 55513-0123-01

For your patients with

SEVERE UNCONTROLLED ASTHMA (SUA)

Identify patient diagnosis codes (ICD-10-CM)*

J45.50 Severe persistent asthma, uncomplicated
J45.51 Severe persistent asthma, with (acute) exacerbation
J82.83 Eosinophilic asthma
J45.5 Severe persistent asthma

Identify patient-specific notes detailing relevant clinical diagnosis:

For patients initiating therapy, some health plans may require:

Previous treatments or therapies. Examples include:
- ICS
- LABA
- LAMA

Examples of exacerbated conditions
- Oral prednisone utilization
- Hospital visits
- ER/urgent care visits

Evidence of reduced asthma control
- Frequent SABA utilization
- Nighttime awakenings
- Limited activity due to asthma

NOTE: List brand and generic names, time on treatment.
Be prepared to identify previous therapies that were tried, failed, or contraindicated, as some payers may require this. Record reasons for failure.

Reauthorizations or Continuation of Therapy forms

For continuation of therapy, some health plans may require examples of beneficial response, such as the following:

- Reduction in asthma symptoms and exacerbations
- Decrease in hospital/urgent care visits due to asthma symptoms
- Decrease in nighttime awakenings due to asthma symptoms

*The ICD-10-CM diagnosis codes listed above are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and always select the most appropriate diagnosis code(s) with the highest level of specificity to describe a patient's actual condition.

ICS=inhaled corticosteroid; ICD-10-CM=international classification of diseases, 10th revision, clinical modification; LABA=long-acting beta agonists; LAMA=long-acting muscarinic antagonist; NDC=national drug code; SABA=short-acting beta agonist.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (i.e., days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Please see additional Important Safety Information on page 8.

PRIOR AUTHORIZATIONS

TEZSPIRE® (tezepelumab-ekko) Subcutaneous injection 210 mg | TEZSPIRE® together

Product Information NDC codes

TEZSPIRE (tezepelumab-ekko) 210mg/1.91mL
Pre-filled Syringe: 55513-0112-01

TEZSPIRE (tezepelumab-ekko) 210mg/1.91mL
Pre-filled Pen: 55513-0123-01

For your patients with

CHRONIC RHINOSINUSITIS WITH NASAL POLYPS (CRSwNP)

Identify patient diagnosis codes (ICD-10-CM)*

J33.0 Polyp of nasal cavity
J33.1 Polypoid sinus degeneration
J33.8 Other polyp of sinus
J33.9 Nasal polyp, unspecified

Identify patient-specific notes detailing relevant clinical diagnosis:

For patients initiating therapy, some health plans may require:

Previous treatments or interventions. Examples include

- Nasal saline irrigations
- Intranasal corticosteroids (eg, fluticasone, mometasone, triamcinolone)
- Antileukotriene agents (eg, montelukast, zafirlukast, zileuton)

Previously required any of the following:

- Prior sinus surgery
- Systemic corticosteroid utilization (eg, prednisone, methylprednisolone)

NOTE: List brand and generic names.
Be prepared to identify previous therapies that were tried, failed, or contraindicated, as some payers may require this. Record reasons for failure.

Reauthorizations or Continuation of Therapy forms

For continuation of therapy, some health plans may require **documentation of positive clinical response.**

*The ICD-10-CM diagnosis codes listed above are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and always select the most appropriate diagnosis code(s) with the highest level of specificity to describe a patient's actual condition.

ICS=inhaled corticosteroid; ICD-10-CM=international classification of diseases, 10th revision, clinical modification; LABA=long-acting beta agonists; LAMA=long-acting muscarinic antagonist; NDC=national drug code; SABA=short-acting beta agonist.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Acute Asthma Symptoms or Deteriorating Disease
TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.

Abrupt Reduction of Corticosteroid Dosage
Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Please see additional Important Safety Information on page 8.

APPEALS*

If a PA is denied, you may still be able to help your patient access their TEZSPIRE medication by submitting an appeal.

Pre-submission considerations

01 **Understand why the PA was rejected—review the denial to determine the reason for rejection and circumstances that need to be addressed:**

- If denied for clerical reasons, resubmit with the proper information
- If denied for clinical reasons, determine what additional information is required to demonstrate medical necessity

02 **You may need to contact the health plan directly to confirm their specific requirements for submitting an appeal**

*The information provided in this guide is of a general nature, for informational purposes only, is not intended to be comprehensive nor instructive, and should in no way be considered a guarantee of coverage or reimbursement for any product or service. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure, is always the responsibility of the provider or physician.

If no decision is received in 30 days, follow up with the health plan to confirm the appeal was received and inquire to its status.

Items to consider for your submission

Complete the Appeal Form

- Use the appeal form recommended by the health plan and make sure you complete and submit within the required time frame

+

Write the Appeal Letter

- A Sample Letter of Appeal for TEZSPIRE and Sample Letter of Medical Necessity for TEZSPIRE are available at TEZSPIRETogetherHCP.com
- Customize the letter based on the reason for rejection

+

Supporting Documentation

This may include:

- Date of initial diagnosis
- Relevant patient-specific notes (refer to p. 4-5)
- Previous therapies and response
- Any relevant comorbidities
- Supporting literature
- Chart notes

If no decision is received in 30 days, follow up with the health plan to confirm the appeal was received and inquire to its status.

TEZSPIRE® (tezepelumab-ekko) Subcutaneous injection 210 mg | TEZSPIRE® together

Let's do this Together.

For additional assistance, please contact your dedicated Field Reimbursement Manager or call **1-888-TZSPIRE (1-888-897-7473 Option 2)** to speak with a Virtual Reimbursement Specialist.

You can also visit **TEZSPIRETogetherHCP.com** for additional resources.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (i.e., days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Acute Asthma Symptoms or Deteriorating Disease

TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.

Abrupt Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

It is unknown if TEZSPIRE will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until infection resolves.

Live Attenuated Vaccines

The concomitant use of TEZSPIRE and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving TEZSPIRE.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 3%) are:

- **Asthma:** pharyngitis, arthralgia, and back pain.
- **Chronic rhinosinusitis with nasal polyps:** nasopharyngitis, upper respiratory tract infection, epistaxis, pharyngitis, back pain, influenza, injection site reaction and arthralgia

USE IN SPECIFIC POPULATIONS

There are no available data on TEZSPIRE use in pregnant women to evaluate for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

INDICATION

TEZSPIRE is indicated for:

- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus
- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP)

Please see full Prescribing Information, including Patient Information and Instructions for Use.

You may **report side effects related to AstraZeneca products.**

TEZSPIRE is a registered trademark of Amgen Inc. and AstraZeneca.

© 2025 AstraZeneca. All rights reserved. US-104628 | USA-157-81633 10/25

AMGEN AstraZeneca