Policy Number	**RX501.143**
Policy Effective Date	**07/01/2026**

Tezepelumab-ekko

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Related Policies (if applicable)
None

Disclaimer

Medical policies are a set of written guidelines that support current standards of practice. They are based on current generally accepted standards of care developed by: nonprofit professional association(s) for the relevant clinical specialty, third-party entities that develop treatment criteria, or other federal or state governmental agencies. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and generally accepted standards of medical care. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.

Carefully check state regulations and/or the member contract.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For members residing in the state of Ohio, § 3923.60 requires any group or individual policy (Small, Mid-Market, Large Groups, Municipalities/Counties/Schools, State Employees, Fully-Insured, PPO, HMO, POS, EPO) that covers prescription drugs to provide for the coverage of any drug approved by the U. S. Food and Drug Administration (FDA) when it is prescribed for a use recognized as safe and effective for the treatment of a given indication in one or more of the standard medical reference compendia adopted by the United States Department of Health and Human Services or in medical literature even if the FDA has not approved the drug for that indication. Medical literature support is only satisfied when safety and efficacy has been confirmed in two articles from major peer-reviewed professional medical journals that present data supporting the proposed off-label use or uses as generally safe and effective. Examples of accepted journals include, but are not limited to, Journal of

American Medical Association (JAMA), New England Journal of Medicine (NEJM), and Lancet. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. Evidence limited to case studies or case series is not sufficient to meet the standard of this criterion. Coverage is never required where the FDA has recognized a use to be contraindicated, and coverage is not required for non-formulary drugs.

Coverage

NOTE 1: Tezepelumab-ekko (Tezspire®) may be self-administered (see Policy Guidelines). For self-administered medications, please refer to the applicable pharmacy benefit plan.

Asthma

Tezepelumab-ekko (Tezspire®) **may be considered medically necessary** for the add-on maintenance treatment of severe asthma when the following criteria are met:

- Individual is 12 years of age and older; AND
- There is documented and current use of an inhaled corticosteroid (ICS) in combination with a long acting beta2-agonist (LABA), leukotriene receptor antagonist (LTRA), theophylline or long-acting muscarinic antagonist (LAMA); AND
- The individual has uncontrolled asthma while on control therapy as evidenced by two or more exacerbations requiring systemic glucocorticoids, frequent emergency room visits, or hospitalizations.

NOTE 2: Individuals who do not meet the criteria for uncontrolled asthma, but whose asthma worsens on tapering off corticosteroids, will also meet this definition of moderate to severe asthma. For definition of uncontrolled asthma, see Description section.

NOTE 3: Tezepelumab-ekko (Tezspire®) is NOT indicated for the relief of acute bronchospasm or status asthmaticus

Chronic Rhinosinusitis with Nasal Polyps

Tezepelumab-ekko (Tezspire®) **may be considered medically necessary** for the add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) when the following criteria are met:

- Individual is 12 years of age or older; AND
- Confirmation of diagnosis by one of the following:
  - Anterior rhinoscopy or endoscopy; or
  - Computed tomography (CT) of the sinuses; AND
- Inadequate response, intolerance, or contraindication to intranasal corticosteroids; AND
- Will be used in combination with standard nasal polyp maintenance therapy (e.g., nasal saline irrigation, intranasal corticosteroids).

Tezepelumab-ekko (Tezspire®) **is considered experimental, investigational and/or unproven** for all other non-Food and Drug Administration (FDA) approved indications.

Policy Guidelines

Self-Administration

- Not applicable to plans regulated by the Illinois Department of Insurance or Medicare or Medicaid plans.
- The U.S. Food and Drug Administration (FDA) has deemed the drug(s) or biological product(s) in this medical policy to be appropriate for self-administration or for administration by a caregiver (i.e., not a healthcare professional).

Description

Asthma

Asthma, a chronic lung disease, affects approximately 8.6% of adults and 6.5% of children in the United States (U.S.). (2) In 2022, asthma exacerbations accounted for nearly 1.4 million emergency department visits. (2) Asthma symptoms include episodic shortness of breath that is generally associated with other symptoms such as wheezing, coughing, and chest tightness. Objective clinical features include bronchial hyperresponsiveness, airway inflammation, and reversible airflow obstruction (at least 12% improvement in forced expiratory volume in 1-second post-bronchodilator, with a minimum of 200 mL improvement). However, there is substantial heterogeneity in the inflammatory features of patients diagnosed with asthma, and this biologic diversity is responsible, at least in part, for the variable response to treatment in the asthma population.

Management

Treatment of asthma can include daily medications to control and prevent symptoms, as well as medication to use during an asthma attack, such as a rescue inhaler. Long-term medications may be used to help prevent asthma attacks and control symptoms. This may include oral or inhaled corticosteroids to reduce inflammation; biologics for severe asthma; leukotriene modifiers to reduce swelling and keep the airways open; or inhaled long-acting bronchodilators to prevent the airways from narrowing.

Definition of Uncontrolled Asthma

At least one of the following:

- Asthma Control Questionnaire (ACQ) score consistently >1.5, Asthma Control Test (ACT) score <20 (or ‘‘not well controlled’’ by National Asthma Education and Prevention Program (NAEPP) /Global Initiative for Asthma (GINA) guidelines);
- Frequent severe exacerbations: ≥2 bursts of systemic corticosteroids (CS) (>3 days each) in the previous year;
- Serious exacerbations: at least 1 hospitalization, intensive care unit (ICU) stay, or mechanical ventilation in the previous year;
- Airflow limitation: after appropriate bronchodilator withhold, forced expiratory volume in 1 second (FEV_1) <80% predicted (in the face of reduced FEV_1/forced vital capacity (FVC) defined as less than the lower limit of normal). (3)

Tezepelumab-ekko (Tezspire®)
Tezepelumab-ekko (Tezspire®) is a monoclonal antibody that blocks thymic stromal lymphopoietin (TSLP), a cytokine released early in inflammatory cascades by airway epithelial cells. Elevated TSLP levels are found in asthmatic airways and nasal polyp tissue. By binding TSLP and preventing its receptor interaction, Tezspire reduces inflammatory biomarkers, including blood eosinophils, immunoglobulin E (IgE), fractional exhaled nitric oxide (FeNO), interleukin-5 (IL-5), and interleukin-13 (IL-13), thereby decreasing airway and mucosal inflammation in asthma and chronic rhinosinusitis with nasal polyps, although the exact mechanism remains not definitively established. (4)

Regulatory Status
The U.S. Food and Drug Administration (FDA) approved tezepelumab-ekko (Tezspire®) in 2021 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. (1, 5)

On October 17, 2025, the FDA approved tezepelumab-ekko (Tezspire®) for the add-on maintenance treatment of inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP) in adult and pediatric patients aged 12 years and older. (1, 5)

Rationale

This policy is based on the U.S. Food and Drug Administration (FDA) labeled indications for tezepelumab-ekko (Tezspire®), along with a review of relevant professional guidelines and position statements.

Tezepelumab-ekko (Tezspire) (1)
Asthma
The efficacy of Tezspire for add-on maintenance treatment of severe asthma was evaluated in two randomized, double-blind, parallel group, placebo-controlled clinical trials (PATHWAY [NCT02054130] and NAVIGATOR [NCT03347279]) of 52 weeks duration. The two trials enrolled a total of 1,609 patients 12 years of age and older with severe asthma.

PATHWAY was a 52-week dose-ranging exacerbation trial that enrolled 550 adult patients with severe asthma who received treatment with tezepelumab-ekko 70 mg subcutaneously every 4 weeks, Tezspire 210 mg subcutaneously every 4 weeks, tezepelumab-ekko 280 mg subcutaneously every 2 weeks, or placebo subcutaneously. Patients were required to have a history of 2 or more asthma exacerbations requiring oral or injectable corticosteroid treatment or 1 asthma exacerbation resulting in hospitalization in the past 12 months.

NAVIGATOR was a 52-week exacerbation trial that enrolled 1,061 patients (adult and pediatric patients 12 years of age and older) with severe asthma who received treatment with Tezspire

210 mg subcutaneously every 4 weeks or placebo subcutaneously every 4 weeks. Patients were required to have a history of 2 or more asthma exacerbations requiring oral or injectable corticosteroid treatment or resulting in hospitalization in the past 12 months.

In both PATHWAY and NAVIGATOR, patients were required to have an Asthma Control Questionnaire 6 (ACQ-6) score of 1.5 or more at screening and reduced lung function at baseline (pre-bronchodilator forced expiratory volume in 1 second (FEV_1) below 80% predicted in adults, and below 90% predicted in adolescents). Patients were required to have been on regular treatment with medium or high-dose inhaled corticosteroids (ICS) and at least one additional asthma controller, with or without oral corticosteroids (OCS). Patients continued background asthma therapy throughout the duration of the trials. In both trials, patients were enrolled without requiring a minimum baseline level of blood eosinophils or fractional exhaled nitric oxide (FeNO).

The results summarized below are for the recommended Tezspire 210 mg subcutaneously every 4 weeks dosing regimen.

Exacerbations
The primary endpoint for PATHWAY and NAVIGATOR was the rate of clinically significant asthma exacerbations measured over 52 weeks. Clinically significant asthma exacerbations were defined as worsening of asthma requiring the use of or increase in oral or injectable corticosteroids for at least 3 days, or a single depo-injection of corticosteroids, and/or emergency department visits requiring use of oral or injectable corticosteroids and/or hospitalization.

In both PATHWAY and NAVIGATOR, patients receiving Tezspire had significant reductions in the annualized rate of asthma exacerbations compared to placebo. There were also fewer exacerbations requiring emergency room visits and/or hospitalization in patients treated with Tezspire compared with placebo (Table 1).

Table 1. Rate of Clinically Significant Exacerbations Over 52 Weeks in PATHWAY and NAVIGATOR

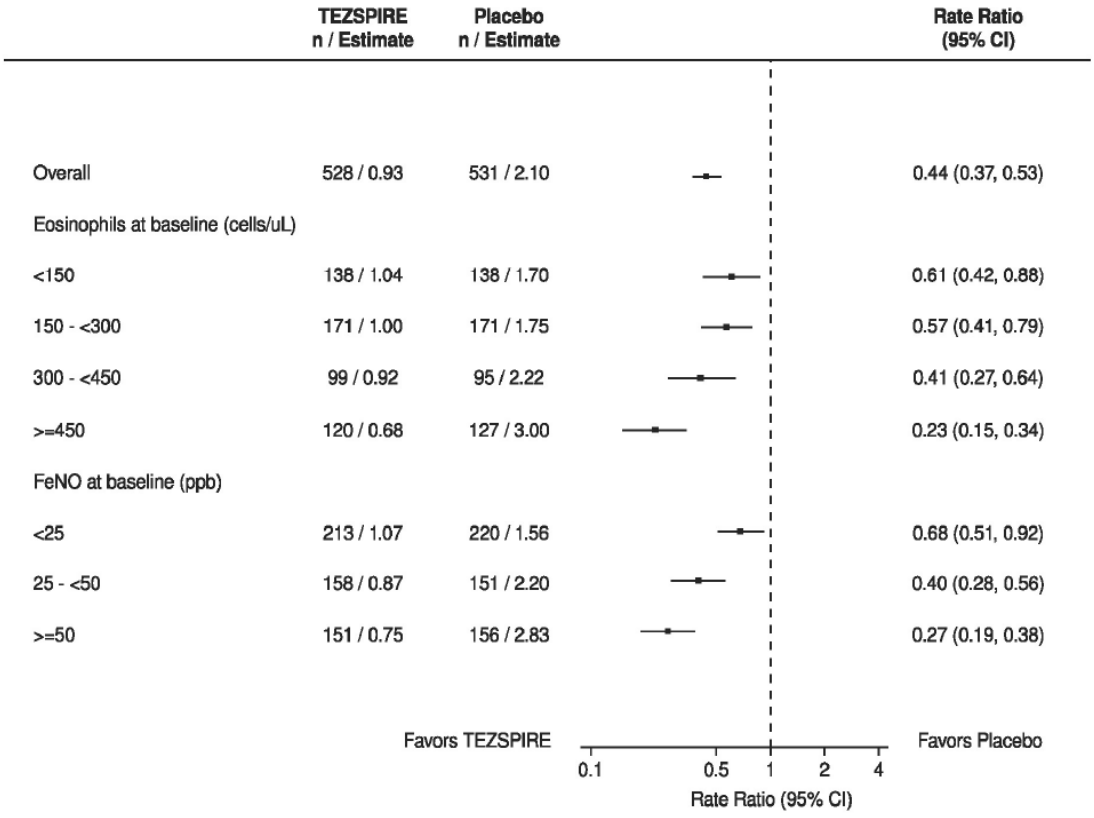
Trial	**Treatment**	**Exacerbations per year**	
		Rate	**Rate Ratio (95% CI)**
Annualized Asthma Exacerbation Rate			
PATHWAY	Tezspire (N=137)	0.20	0.29 (0.16, 0.51)
	Placebo (N=138)	0.72	
NAVIGATOR	Tezspire (N=528)	0.93	0.44 (0.37, 0.53)
	Placebo (N=531)	2.10	
Exacerbations requiring emergency room visit/hospitalization			
PATHWAY	Tezspire (N=137)	0.03	0.15 (0.04, 0.58)
	Placebo (N=138)	0.18	
NAVIGATOR	Tezspire (N=528)	0.06	0.21 (0.12, 0.37)

	Placebo (N=531)	0.28	
Exacerbations requiring hospitalization			
PATHWAY	Tezspire (N=137)	0.02	0.14 (0.03, 0.71)
	Placebo (N=138)	0.14	
NAVIGATOR	Tezspire (N=528)	0.03	0.15 (0.07, 0.22)
	Placebo (N=531)	0.19	

CI: confidence interval.

In NAVIGATOR, patients receiving Tezspire experienced fewer exacerbations than those receiving placebo regardless of baseline levels of blood eosinophils or FeNO (Figure 1). Similar results were seen in PATHWAY.

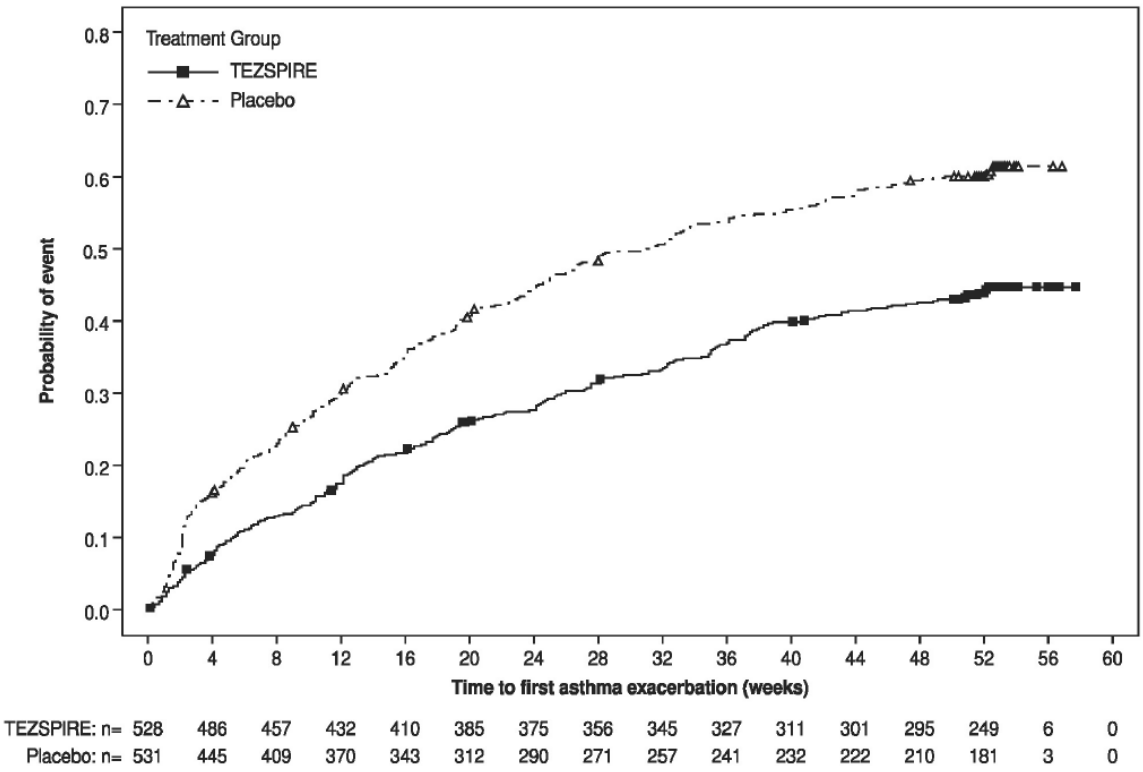
Figure 1. Annualized Asthma Exacerbation Rate Ratio Over 52 Weeks Across Different Baseline Biomarkers in NAVIGATOR



CI: confidence interval; FeNO: fractional exhaled nitric oxide.

The time to first exacerbation was longer for the patients receiving Tezspire compared with placebo in NAVIGATOR (Figure 2). Similar findings were seen in PATHWAY.

Figure 2. Kaplan-Meier Cumulative Incidence Curves for Time to First Exacerbation in NAVIGATOR



Lung Function

Change from baseline in FEV_1 was assessed as a secondary endpoint in PATHWAY and NAVIGATOR. Compared with placebo, Tezspire provided clinically meaningful improvements in the mean change from baseline in FEV_1 in both trials (Table 2).

Table 2. Mean Change from Baseline in Pre-Bronchodilator FEV_1 at End of Trial in PATHWAY and NAVIGATOR*

Trial	Treatment	LS Mean Change from Baseline (L)	Difference from Placebo (95% CI)
PATHWAY	Tezspire (N=133)[a]	0.08	0.13 (0.03, 0.23)
	Placebo (N=138)[a]	-0.06	
NAVIGATOR	Tezspire (N=527)[a]	0.23	0.13 (0.08, 0.18)
	Placebo (N=531)[a]	0.10	

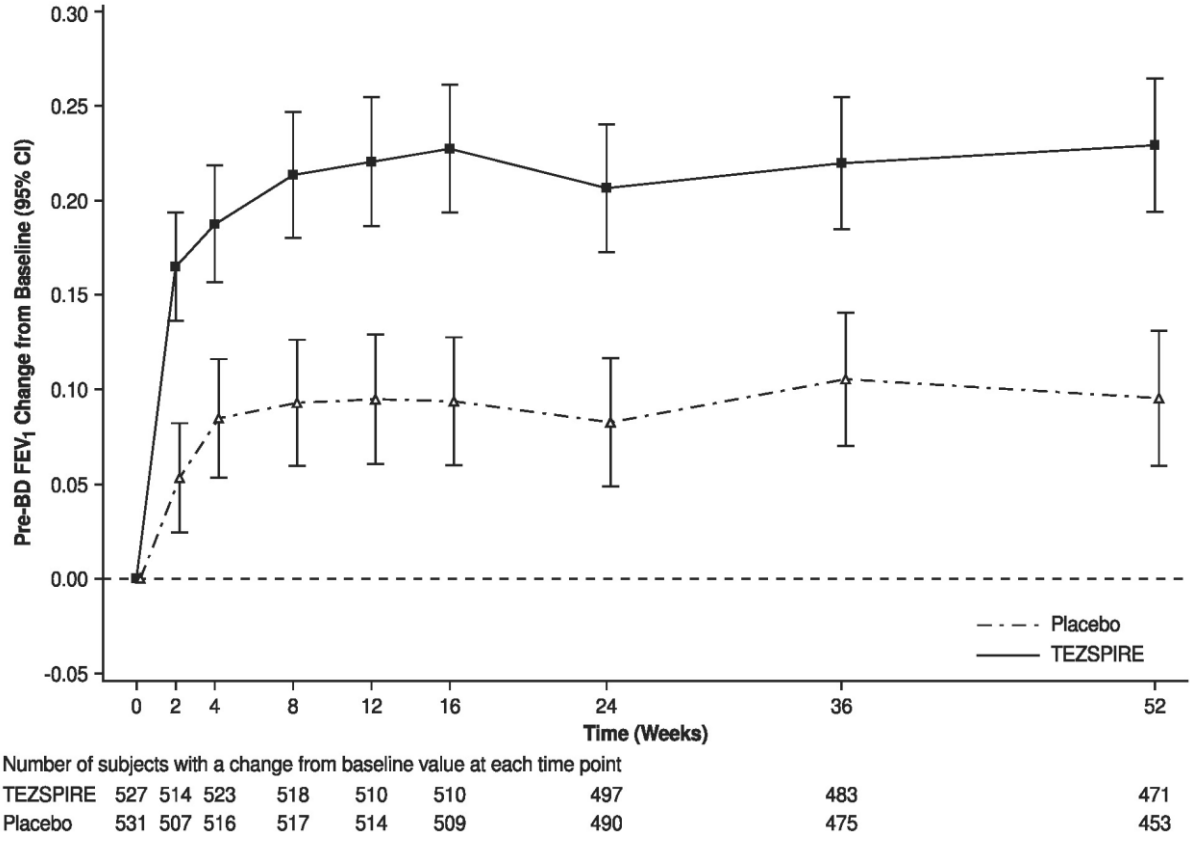
*Week 52 in PATHWAY, Week 52 in NAVIGATOR

[a] Number of patients contributing to the full analysis (FA) with at least 1 change from baseline value.

CI: confidence interval; FEV_1: forced expiratory volume in 1 second; LS: Least squares.

In NAVIGATOR, improvement in FEV_1 was seen as early as 2 weeks after initiation of treatment and was sustained through week 52 (Figure 3).

Figure 3. Mean Change (95% CI) from Baseline in Pre-Bronchodilator FEV_1 (L) in NAVIGATOR



CI: confidence interval; FEV_1: forced expiratory volume in 1 second; Pre-BP: pre-bronchodilator.

Patient Reported Outcomes

Changes from baseline in Asthma Control Questionnaire 6 (ACQ-6) and Standardized Asthma Quality of Life Questionnaire for ages 12 and older [AQLQ(S)+12] were also assessed as secondary endpoints in PATHWAY and NAVIGATOR. In both trials, more patients treated with Tezspire compared to placebo had a clinically meaningful improvement in ACQ-6 and AQLQ(S)+12. Clinically meaningful improvement (responder rate) for both measures was defined as improvement in score of 0.5 or more at end of trial. In NAVIGATOR, the ACQ-6 responder rate for Tezspire was 86% compared with 77% for placebo (odds ration [OR]=1.99; 95% confidence interval [CI] 1.43, 2.76) and the AQLQ(S)+12 responder rate for Tezspire was 78% compared with 72% for placebo (OR=1.36; 95% CI 1.02, 1.82). Similar findings were seen in PATHWAY.

Additional Trial

In a randomized, double-blind, parallel group, placebo-controlled clinical trial, the effect of Tezspire (210 mg subcutaneously every 4 weeks) on reducing the use of maintenance OCS was evaluated. The trial enrolled 150 adult patients with severe asthma who required treatment with daily OCS (7.5 mg to 30 mg per day) in addition to regular use of high-dose ICS and a long-acting beta-agonist with or without additional controller(s). The primary endpoint was categorized percent reduction from baseline of the final OCS dose at Week 48 (≥90% reduction,

≥75% to <90% reduction, ≥50% to <75% reduction, >0% to <50% reduction, and no change or any increase in OCS), while maintaining asthma control. Tezspire did not demonstrate a statistically significant reduction in maintenance OCS dose compared with placebo (cumulative OR=1.28; 95% CI 0.69, 2.35).

Chronic Rhinosinusitis with Nasal Polyps

The efficacy of Tezspire for add-on maintenance treatment of inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP) was evaluated in a randomized, double-blind, parallel group, multicenter, placebo-controlled trial (WAYPOINT [NCT04851964]) of 52 weeks treatment duration conducted in 408 patients aged 18 years and older on standard of care treatment for CRSwNP. This study included patients with symptomatic CRSwNP despite treatment with nasal corticosteroids, and who had systemic corticosteroids within the past 12 months and/or any history of sino-nasal surgery, or with contraindications and/or intolerance to either. Patients received Tezspire 210 mg or placebo subcutaneously every 4 weeks for 52 weeks in addition to nasal corticosteroid treatment for CRSwNP.

The co-primary efficacy endpoints were change from baseline in total nasal polyp score (NPS) evaluated by nasal endoscopy at Week 52 as graded by independent blinded assessors, and change from baseline in bi-weekly mean nasal congestion score (NCS) evaluated at Week 52. For total NPS, polyps on each side of the nose were graded on a categorical scale (0=no polyps, 1=small polyps in the middle meatus not reaching below the inferior border of the middle turbinate, 2=polyps reaching below the lower border of the middle turbinate, 3=polyps reaching the lower border of the inferior turbinate or a middle meatal polyp with a score of 2 with any additional polyp medial to the middle turbinate, 4=large polyps causing complete or near complete obstruction of the inferior nasal cavity [i.e., touching the floor of the nose]) for a total score of 0 to 8. Nasal congestion was rated daily by the patients on a 0 to 3 categorical severity scale (0=none, 1=mild, 2=moderate, 3=severe).

Statistically significant efficacy was observed in WAYPOINT for the co-primary endpoints of improvement in total NPS and in bi-weekly mean NCS at Week 52 (Table 3).

Table 3. Results of Change from Baseline in Total Nasal Polyp Score and Bi-weekly Mean Nasal Congestion Score at Week 52 in Adults with CRSwNP (WAYPOINT)

	Tezspire 210 mg Q4W (N=203)		**Placebo (N=205)**		**LS mean difference vs. placebo (95% CI)**
Scores	**Baseline mean**	**LS mean change**	**Baseline mean**	**LS mean change**	
NPS	**6.1**	**-2.47**	**6.1**	**-0.47**	**-2.01 (-2.33, -1.68)**
NCS	**2.59**	**-1.76**	**2.55**	**-0.81**	**-0.95 (-1.12, -0.78)**

LS mean change, Least squared mean change from baseline; reduction in score indicates improvement. CI: confidence interval; CRSwNP: chronic rhinosinusitis with nasal polyps; LS: least squares; NCS: nasal congestion score; NPS: nasal polyp score; Q4W: every four weeks.

Key secondary endpoints at Week 52 included time to surgery decision and/or systemic corticosteroid use for nasal polyps, change from baseline in loss of smell, and change from baseline in Lund-Mackay (LMK) sinus computed tomography (CT) scan score.

Tezspire significantly reduced the proportion of patients requiring sino-nasal surgery by 98% compared to placebo over 52 weeks (Hazard Ratio [HR]: 0.02; 95% CI: 0.00, 0.09) and significantly reduced the proportion of patients requiring systemic corticosteroids for CRSwNP by 88% compared to placebo over 52 weeks (HR: 0.12; 95% CI: 0.04, 0.27).

The loss of smell score was based on a subject's daily rating of the severity of their worst difficulty with sense of smell over the past 24 hours on a 0 to 3 scale (0=none, 1=mild, 2=moderate, 3=severe). The loss of smell score was calculated every 2 weeks as the bi-weekly mean. Tezspire significantly improved the loss of smell compared to placebo. The LS mean difference for loss of smell at Week 52 in the Tezspire group versus placebo was -1.01 [95% CI: -1.18, -0.83].

The LMK sinus CT scan score evaluated the opacification of each sinus at baseline and Week 52 using a 0 to 2 scale (0=no abnormality; 1=partial opacification, 2=total opacification) deriving a maximum score of 12 per side and a total maximum score of 24 (higher scores indicate more opacification). A significant decrease in the LMK sinus CT scan score was observed. The LS mean difference for LMK sinus CT scan score at Week 52 in the Tezspire group versus placebo was -5.76 [95% CI: -6.45, -5.07].

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	J2356

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

U.S. Food and Drug Administration Label

1. Prescribing Label: Tezspire® (tezepelumab-ekko) injection, for subcutaneous use. October 2025. Available at: <https://www.tezspire.com> (accessed June 8, 2026).

Other

2. Centers for Disease Control & Prevention, National Center for Health Statistics. Asthma. Last reviewed February 20, 2026. Available at: <https://www.cdc.gov> (accessed June 8, 2026).
3. 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. PMID 24337046
4. Tezspire. How does Tezspire work? Available at: <https://www.drugs.com> (accessed June 8, 2026).
5. Tezspire. Tezspire FDA Approval History. Available at: <https://www.drugs.com> (accessed June 8, 2026).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
07/01/2026	Document updated. The following change was made to Coverage: Added conditionally medically necessary criteria for chronic rhinosinusitis with nasal polyps. Added references 2, 4, and 5; updated reference 1.
01/01/2026	Document updated. The following changes were made to Coverage: 1) Removed the 3-month requirement for documented and current inhaled corticosteroid (ICS) in combination with a long acting beta2-agonist (LABA), leukotriene receptor antagonist (LTRA), theophylline or long-acting muscarinic antagonist (LAMA); 2) Removed: "Will not be used in combination with another antiasthmatic monoclonal antibody agent (e.g., Reslizumab [Cinqair], omalizumab [Xolair], mepolizumab [Nucala], dupilumab [Dupixent], benralizumab [Fasenra])"; and 3) Added "non-Food and Drug Administration approved" to experimental, investigational and/or unproven statement. No new references added; others updated and some removed.
04/15/2025	Document updated. The following change was made to Coverage: Added "The FDA has deemed the drug(s) or biological product(s) in this coverage

	policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage of a formulation that cannot be self-administered is considered not medically necessary unless the patient has a physical or cognitive limitation that makes the utilization of a self-administered formulation unsafe or otherwise not feasible, as demonstrated by BOTH of the following: Inability to self-administer the medication, AND lack of caregiver or support system for assistance with administration of self-administered products." No new references added.
04/01/2024	Document updated with literature review. The following changes were made to Coverage: 1) Modified the criteria on inhaled corticosteroids from 12 months to 3 months; and 2) Clarified exacerbation episodes to include frequent ER visits or hospitalizations. Reference 1 added; others updated.
07/01/2023	Reviewed. No change to coverage criteria. NOTEs added/modified.
07/01/2022	New medical document. Tezepelumab-ekko (Tezspire™) may be considered medically necessary for the add-on maintenance treatment of severe asthma when the following criteria are met: Patient is 12 years of age and older; AND Patient meets the definition of severe asthma as defined by the following: 12-months of treatment with high-dose inhaled corticosteroids (ICS) in combination with long-acting beta2-agonist (LABA) or leukotriene receptor antagonist (LTRA)/theophylline for the previous year or systemic corticosteroids for 50% or more of the previous year to prevent asthma from becoming uncontrolled or remaining uncontrolled (see NOTE 1); AND History of 2 or more exacerbations requiring systemic glucocorticoids while being treated with fluticasone propionate 880µg or more, or its equivalent in the last year; AND Will not be used in combination with another antiasthmatic monoclonal antibody agent (e.g., Reslizumab [Cinqair], omalizumab [Xolair], mepolizumab [Nucala], dupilumab [Dupixent], benralizumab [Fasenra]). NOTE 1: Patients who do not meet the criteria for uncontrolled asthma, but whose asthma worsens on tapering off corticosteroids, will also meet this definition of moderate to severe asthma. For definition of uncontrolled asthma, see Description section. Tezepelumab-ekko (Tezspire™) is experimental, investigational and/or unproven for all other indications.