Medical Policy:

Nucala® (mepolizumab)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.300	March 11, 2025	

Definitions

Nucala® is an interleukin-5 antagonist monoclonal antibody (IgG1 kappa) indicated for add-on maintenance treatment of patients with severe asthma aged 6 years and older, and with an eosinophilic phenotype. NUCALA is also indicated for the treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA), Hypereosinophilic syndrome (HES), in patients ≥ 12 years of age who have had HES for ≥ 6 months without an identifiable non-hematologic secondary cause, and chronic rhinosinusitis with nasal polyposis (CRSwNP), as an add-on maintenance treatment in patients ≥ 18 years of age with an inadequate response to nasal corticosteroids.

Length of Authorization

Initial Approval:

- Asthma and Nasal Polyps
  - Coverage will be provided for 6 months and may be renewed.
- Hypereosinophilic Syndrome
  - Coverage will be provided for 8 months and may be renewed.
- Eosinophilic Granulomatosis with Polyangiitis (EGPA)

- Coverage will be provided for 9 months

Renewal:

- Coverage will be provided for 12 months.

Dosing Limits [Medical Benefit]

Indication	Dose
Asthma	For patients ≥ 12 years of age, approve 100 mg administered subcutaneously once every 4 weeks; **OR** For pediatric patients (6 to 11 years of age), approve 40 mg administered subcutaneously once every 4 weeks.
Nasal Polyps	Approve 100 mg administered subcutaneously once every 4 weeks
Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome]	Approve 300 mg administered subcutaneously once every 4 weeks
Hypereosinophilic Syndrome	Approve 300 mg administered subcutaneously once every 4 weeks

Guideline

I. Initial

1. **Asthma**
   A. Patient is ≥ 6 years of age; **AND**
   B. Nucala is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; **AND**
   C. Patient has a blood eosinophil level of ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with any monoclonal antibody therapy that may lower blood eosinophil levels; **OR** the patient is dependent on systemic corticosteroids **AND**
   Note: Examples of monoclonal antibody therapies that may lower blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection).
   D. Patient has received at least 3 consecutive months of combination therapy with **BOTH** of the following:
      i. An inhaled corticosteroid; **AND**
      ii. At least one additional asthma controller/maintenance medication; **AND**
      Note: An exception to the requirement for a trial of one additional asthma controller/maintenance medication (criterion b) can be made if the patient has already received anti-interleukin-5 therapy (e.g., Cinqair, Fasenra, Nucala) used concomitantly with an inhaled corticosteroid for at least 3 consecutive months. Examples of additional asthma controller/maintenance medications are inhaled long-acting beta2-agonists, inhaled long-acting muscarinic antagonists, leukotriene receptor antagonists, and theophylline. Use of a combination inhaler containing both an inhaled corticosteroid and a long-acting beta2-agonist would fulfil the requirement for both criteria a and b.
   E. Patient's asthma is uncontrolled or was uncontrolled prior to starting any anti-interleukin therapy as defined by **ONE** of the following:
      i. The patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; **OR**
      ii. The patient experienced one or more asthma exacerbations requiring hospitalization or an

Emergency Department (ED) or urgent care visit in the previous year; **OR**

iii. Patient has a forced expiratory volume in 1 second (FEV_1) < 80% predicted; **OR**

iv. Patient has an FEV_1/forced vital capacity (FVC) < 0.80; **OR**

v. The patient's asthma worsens upon tapering of oral corticosteroid therapy.

Note: Examples of anti-interleukin therapies include Nucala, Cinqair and Fasenra.

2. **Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome]**
   A. Patient is ≥ 18 years of age; **AND**
   B. Nucala is prescribed by or in consultation with an allergist, immunologist, pulmonologist, or rheumatologist; **AND**
   C. Patient has active, non-severe disease; **AND**
   Note: Non-severe disease is defined as vasculitis without life- or organ-threatening manifestations. Examples of symptoms in patients with non-severe disease include rhinosinusitis, asthma, mild systemic symptoms, uncomplicated cutaneous disease, mild inflammatory arthritis.
   D. Patient has tried therapy with a corticosteroid (e.g. prednisone) for a minimum of 4 weeks; **AND**
   E. Patient has/had a blood eosinophil level of ≥ 150 cells per microliter within the previous 4 weeks **OR** prior to treatment with any monoclonal antibody therapy that may lower blood eosinophil levels
   Note: Examples of monoclonal antibody therapies that may lower blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection).

3. **Hypereosinophilic Syndrome**
   A. Patient is ≥ 12 years of age; **AND**
   B. Patient has had hypereosinophilic syndrome for ≥ 6 months; **AND**
   C. Patient has FIP1L1-PDGFRα-negative disease; **AND**
   D. According to the prescriber, the patient does NOT have an identifiable non-hematologic secondary cause of hypereosinophilic syndrome; **AND**
   Note: Examples of secondary causes of hypereosinophilic syndrome include drug hypersensitivity, parasitic helminth infection, human immunodeficiency virus infection, non-hematologic malignancy.
   E. Prior to initiating therapy with any monoclonal antibody therapy, the patient has/had a blood eosinophil level of ≥ 1,000 cells per microliter; **AND**
   Note: Examples of monoclonal antibody therapies that may lower blood eosinophil levels include Nucala, Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous infusion), Dupixent (dupilumab subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection)..
   F. Patient has tried at least one other treatment for hypereosinophilic syndrome for a minimum of 4 weeks; **AND**
   Note: Treatments for hypereosinophilic syndrome include systemic corticosteroids, hydroxyurea, cyclosporine, imatinib, methotrexate, tacrolimus, and azathioprine.
   G. Nucala is prescribed by or in consultation with an allergist, immunologist, pulmonologist, or rheumatologist.

4. **Nasal Polyps.**
   A. Patient is ≥ 18 years of age; **AND**
   B. Patient has chronic rhinosinusitis with nasal polyposis as evidenced by direct examination, endoscopy, or sinus computed tomography (CT) scan; **AND**
   C. Patient has experienced two or more of the following symptoms for at least 6 months: nasal congestion, nasal obstruction, nasal discharge, and/or reduction/loss of smell; **AND**

D. Patient meets BOTH of the following (i **and** ii):
   i. Patient has received at least 4 weeks of therapy with an intranasal corticosteroid; **AND**
   ii. Patient will continue to receive therapy with an intranasal corticosteroid concomitantly with Nucala; **AND**

E. Patient meets ONE of the following (i, ii, **or** iii):
   i. Patient has received at least one course of treatment with a systemic corticosteroid for 5 days or more within the previous 2 years; **OR**
   ii. Patient has a contraindication to systemic corticosteroid therapy; **OR**
   iii. Patient has had prior surgery for nasal polyps; **AND**

F. Nucala is prescribed by or in consultation with an allergist, immunologist, or an otolaryngologist (ear, nose and throat [ENT] physician specialist).

II. Renewal

Coverage for Nucala may be renewed when the following criteria are met:

1. **Asthma**
   A. The patient has already received at least 6 months of therapy with Nucala; **AND**
   Note: Patients who have received < 6 months of therapy or those who are restarting therapy with Nucala should be considered new to therapy – see above criteria.
   B. Patient continues to receive therapy with one inhaled corticosteroid or one inhaled corticosteroid-containing combination inhaler; **AND**
   Note: Examples of an inhaled corticosteroid or an inhaled corticosteroid-containing combination inhaler include Flovent Diskus/HFA, ArmonAir RespiClick, Arnuity Ellipta, Asmanex Twisthaler/HFA, Aerospan, Alvesco, Pulmicort Flexhaler, budesonide suspension for inhalation (Pulmicort Respules, generics), Qvar/Qvar RediHaler, Advair Diskus/HFA (generic Wixela Inhub; authorized generics), AirDuo RespiClick (authorized generics), Breo Ellipta, Dulera, and Symbicort.
   C. The patient has responded to Nucala therapy as determined by the prescriber.
   Note: Examples of a response to Nucala therapy are decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, emergency department (ED)/urgent care, or medical clinic visits due to asthma; and decreased requirement for oral corticosteroid therapy.

2. **Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome]**
   A. The patient has already received at least 9 months of therapy with Nucala; **AND**
   Note: Patients who have received < 9 months of therapy or those who are restarting therapy with Nucala should be considered new to therapy – see above criteria.
   B. The patient has responded to Nucala therapy as determined by the prescriber.
   Note: Examples of a response to Nucala therapy are reduced rate of relapse, corticosteroid dose reduction, and reduced eosinophil levels.

3. **Hypereosinophilic Syndrome**
   A. The patient has already received at least 8 months of therapy with Nucala; **AND**
   Note: A patient who has received < 8 months of therapy or who is restarting therapy with Nucala should be considered new to therapy – see above criteria.
   B. The patient has responded to Nucala therapy as determined by the prescriber.
   Note: Examples of a response to Nucala therapy are decreased number of flares, improved fatigue, reduced corticosteroid requirements, and decreased eosinophil levels.

4. **Nasal Polyps**
   A. Patient has already received at least 6 months of therapy with Nucala; **AND**
   Note: Patients who have received < 6 months of therapy or those who are restarting therapy with Nucala

should be considered new to therapy – see above criteria.

B. Patient continues to receive therapy with an intranasal corticosteroid; **AND**

C. Patient has responded to therapy as determined by the prescriber.
Note: Examples of a response to Nucala therapy are reduced nasal polyp size, improved nasal congestion, reduced sinus opacification, decreased sino-nasal symptoms, improved sense of smell.

Limitations/Exclusions

1. Atopic Dermatitis
2. Chronic Obstructive Pulmonary Disease (COPD)
3. Concurrent use of Nucala with another Anti-Interleukin (IL) Monoclonal Antibody
4. Concurrent use of Nucala with Xolair® (omalizumab injection for subcutaneous use)
5. Eosinophilic Esophagitis (EoE), Eosinophilic Gastroenteritis, or Eosinophilic Colitis
6. Coverage is not recommended for circumstances not listed in the Guideline. Criteria will be updated as new published data are available.

Applicable Procedure Codes

Code	Description
J2182	Injection, mepolizumab, 1 mg

Applicable NDCs

Code	Description
00173-0881-xx	Nucala single use vial; 100 mg powder for solution
00173-0892-xx	Nucala 100 mg/1 ml prefilled syringe for injection
00173-0904-xx	Nucala 40mg/0.4mL single dose prefilled syringe

ICD-10 Diagnoses

Code	Description
D72.110	Idiopathic hypereosinophilic syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.119	Hypereosinophilic syndrome [HES], unspecified
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
J45.50	Severe persistent asthma, uncomplicated
J82.81	Eosinophilic pneumonia, NOS
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
M30.1	Polyarteritis with lung involvement [Churg-Strauss]

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/11/2025	Annual Review: Updated length of authorization for Eosinophilic Granulomatosis with Polyangiitis (EGPA) Coverage will be provided for 9 months (previously 6 months) Initial criterial Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome] Updated the following statement from 6 weeks and within 6 weeks prior to treatment to: "Patient has tried therapy with a corticosteroid (e.g. prednisone) for a Patient has/had a blood eosinophil level of ≥ 150 cells per microliter within the previous 6 4 weeks or prior to treatment with any monoclonal antibody therapy that may lower blood eosinophil levels" Nasal Polyps. Updated the following from "at least 3 months of therapy" to: "Patient has received at least 4 weeks of therapy with an intranasal corticosteroid; AND" Renewal Criteria: Eosinophilic Granulomatosis with Polyangiitis (EGPA) [formerly known as Churg-Strauss Syndrome] Updated the following from 6 to 9 months: "The patient has already received at least 9 months of therapy with Nucala; AND *Note: Patients who have received < 9 months of therapy or those who are restarting therapy with Nucala should be considered new to therapy – see above criteria."*
EmblemHealth & ConnectiCare	4/16/2024	Update: Initial Criteria: Asthma: added:" **OR** the patient is dependent on systemic corticosteroids;" to the following statement: "Patient has a blood eosinophil level ≥ 150 cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with Fasenra or another monoclonal antibody therapy that may lower blood eosinophil levels; **OR** the patient is dependent on systemic corticosteroids;"
EmblemHealth & ConnectiCare	2/1/2024	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	6/01/2023	Annual Review: added NDC: 00173-0904-xx, added ICD-10 codes: D72.110, D72.111, D72.119, J33.0, J33.1, J33.8, J33.9, J82.81, J82.82, J82.83, J82.89 removed codes: J45.51, J45.52, J82
EmblemHealth & ConnectiCare	09/15/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	9/15/2022	Removal of nasal Polyps from Exclusion Criteria Eosinophilic Granulomatosis with Polyangiitis (EGPA): Added criteria requiring the patient to have active, non-severe disease. Nasal Polyps: Added new approval criteria for this indication which include an age requirement, involvement of a specialist, diagnostic confirmation, intranasal corticosteroid therapy, the presence of rhinosinusitis symptoms, and previous systemic therapy (or contraindication) or surgery for nasal polyps. Criteria requiring the patient to have experienced one or more asthma exacerbation(s) requiring a hospitalization was updated to include an urgent care visit as well.
EmblemHealth & ConnectiCare	1/1/2021	Criteria apply to Commercial, Medicare, and Medicaid members.
EmblemHealth & ConnectiCare	10/28/2020	Added "Hypereosinophilic Syndrome" to "FDA-Approved Indications". Removed "Hyereosinophilic Syndrome" from "Conditions Not Recommended for Approval".

References

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10. Nucala® injection for subcutaneous use [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; September 2022.