CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Nucala (mepolizumab)
BENEFIT TYPE	Medical or Pharmacy
STATUS	Prior Authorization Required

Nucala is an interleukin-5 (IL-5) antagonist monoclonal antibody (IgG1 kappa) first approved for the treatment of severe eosinophilic asthma in 2015. Since then, it has been approved for four additional indications - eosinophilic granulomatosis with polyangiitis (EGPA), hypereosinophilic syndrome (HES), chronic rhinosinusitis with nasal polyps (CRSwNP), and Chronic Obstructive Pulmonary Disease (COPD). All are eosinophilic-driven disease states. Nucala works by blocking IL-5 biding to the alpha chain of the IL-5 receptor complex. This inhibits IL-5 signaling and reduces the production of eosinophils.
EGPA is a systemic necrotizing vasculitis that affects small-to-medium-sized vessels, belonging to the spectrum of antineutrophil cytoplasm antibody (ANCA)-associated vasculitides (AAV). Asthma is almost always present with EGPA. Cardiac involvement is the leading cause of death. Steroids are standard therapy.
HES is characterized by organ damage due to hypereosinophilia (HE). There are many variants of HES.

Nucala (mepolizumab) will be considered for coverage when the following criteria are met:

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an allergist, immunologist or otorhinolaryngologist (ENT); AND
3. Member has a diagnosis of CRSwNP with at least 2 of the following symptoms for 12 weeks or more:
   a) Nasal blockage/obstruction/congestion
   b) Nasal discharge
   c) Facial pain/pressure
   d) Reduction in smell; AND
4. Chart notes must show documentation of bilateral nasal polyps by direct examination, endoscopy, or sinus CT scan; AND
5. Member has symptoms of chronic rhinosinusitis after at least a 4-week trial with an intranasal corticosteroid (e.g., mometasone, fluticasone) in combination with nasal saline irrigation AND one of the following:
   a) Prior sinonasal surgery
   b) Systemic corticosteroids; AND
6. Member will use Nucala in combination with an intranasal corticosteroid (INCS), unless not tolerated or contraindicated; AND
7. Medication is NOT used in combination with other biologic therapies for CRSwNP.
8. **Dosage allowed/Quantity limit:** 100 mg by subcutaneous injection once every 4 weeks.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Medication will be used as add-on maintenance therapy in combination with intranasal corticosteroids, unless not tolerated or contraindicated; AND

2. Chart notes have been provided that show the member has demonstrated improvement in signs and symptoms such as reduction in nasal polyp size or nasal obstruction.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Hypereosinophilic Syndrome (HES)

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with an immunologist, allergist, or hematologist; AND
3. Member has a diagnosis of HES for at least 6 months; AND
4. Member has a documented blood eosinophil count of > 1500 cells/µL; AND
5. Member has trialed and failed glucocorticoids for at least 1 month; AND
6. Member has a history of 2 or more HES flares within the past year defined as worsening of clinical signs and symptoms or increasing eosinophils requiring an escalation in therapy; AND
7. Member does NOT have any of the following:
   a) Identifiable non-hematologic secondary cause (i.e., drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy)
   b) FIP1L1-PDGFRα kinase positive HES.
8. **Dosage allowed/Quantity limit:** 300 mg as 3 separate 100-mg injections administered subcutaneously once every 4 weeks.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes have been provided that show the member has demonstrated improvement (i.e., reduction of HES flares, reduction in blood eosinophil count).

If all the above requirements are met, the medication will be approved for an additional 12 months.

Eosinophilic Granulomatosis with Polyangiitis (EGPA/Churg-Strauss Syndrome)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist, immunologist, allergist, or rheumatologist; AND
3. Member has a confirmed diagnosis of EGPA with history or presence of both of the following:
   a) Asthma, and
   b) Documented eosinophilia (>1000 cells/µL and/or >10% of leucocytes); AND
4. Member has at least 2 of the following:
   a) Biopsy with eosinophilic vasculitis or perivascular/granulomatous inflammation
   b) Neuropathy
   c) Non-fixed pulmonary infiltrates
   d) Sino-nasal abnormality
   e) Cardiomyopathy
   f) Glomerulonephritis
   g) Alveolar hemorrhage
   h) Palpable purpura
   i) ANCA positivity (MPO or PR3); AND
5. Member has trialed and failed glucocorticoids with or without an immunosuppressant (e.g., azathioprine, methotrexate, mycophenolate mofetil); AND

6. Member meets one of the following:
   a) History of at least one relapse in the past 2 years, or
   b) Refractory disease: Failure to attain remission following at least 3 months of standard therapy; AND
7. Member does NOT have either of the following:
   a) Diagnosis of GPA or MPA
   b) Organ-threatening or imminently life-threatening EGPA.
8. **Dosage allowed/Quantity limit:** 300 mg as 3 separate 100-mg injections administered subcutaneously once every 4 weeks.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes have been provided that show the member has demonstrated improvement (i.e., reduction in relapse rate, oral corticosteroid (OCS) dose, or blood eosinophil count).

If all the above requirements are met, the medication will be approved for an additional 12 months.

Severe Asthma

For **initial** authorization:
1. Member is at least 6 years of age; AND
2. Medication must be prescribed by or in consultation with an allergist, immunologist, or pulmonologist; AND
3. Member has a blood eosinophil count of at least 150 cells/µL; AND
4. Member has at least two documented severe asthma exacerbations requiring oral corticosteroids (OCS), or at least one requiring hospitalization, within the past 12 months; AND
5. Member's asthma has been uncontrolled after at least 3 months of conventional treatment on medium to high doses of inhaled corticosteroids (ICS) and long-acting beta 2-agonists (LABA); AND
6. Medication is being used as add-on maintenance treatment to conventional therapies for asthma (i.e., ICS, LABA, etc.); AND
7. Medication is not used in conjunction with any other biologic therapy for asthma.
8. **Dosage allowed/Quantity limit:** 100 mg by subcutaneous injection once every 4 weeks for patients aged 12 years and older. 40 mg by subcutaneous injection once every 4 weeks for patients aged 6 to 11 years.

If all the above requirements are met, the medication will be approved for 16 weeks.

For **reauthorization**:
1. Medication is not being used as monotherapy for asthma; AND
2. Chart notes have been provided showing improvement of signs and symptoms such as decreased frequency of emergency department visits or hospitalizations due to asthma exacerbations, increase in percent predicted FEV1 from pretreatment baseline, improved functional ability (e.g., exercise tolerance), and/or decreased utilization of rescue medications or oral corticosteroids.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Chronic Obstructive Pulmonary Disease (COPD)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication is prescribed by or in consultation with a pulmonologist or allergist/immunologist; AND
3. Member has a diagnosis of moderate to severe COPD; AND
4. Member has a documented blood eosinophil count of at least 300 cells/µL; AND
5. Member has tried and failed triple therapy with LABA, LAMA, and ICS for at least 3 months; AND
6. Member is inadequately controlled, defined as at least 1 severe or 2 moderate exacerbations in the past 12 months; AND
7. Nucala is prescribed as add-on to standard maintenance therapy.
8. **Dosage allowed/Quantity limit:** 100 mg administered subcutaneously once every 4 weeks.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes have been provided with documentation of positive clinical response such as fewer exacerbations.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Nucala (mepolizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/18/2017	New policy for Nucala created. Conventional treatment options expanded.
03/16/2018	New indication of Eosinophilic Granulomatosis With Polyangiitis added.
12/28/2020	New indication of Hypereosinophilic Syndrome added. Severe Asthma: changed from 12 yo or older to 6 yo or older; adjusted eosinophil count; added documented exacerbations; removed ICS + LTRA and ICS + theophylline treatments; removed increase in predicted FEV1 from reauthorization section. EGPA: adjusted eosinophil count; removed the list of additional EGPA features; removed definitions of relapsing and refractory EGPA (BVAS not used in practice); removed exclusion criteria (only applicable in clinical trial setting) and replaced with no GPA, MPA, or life threatening EGPA; removed hx of alcohol/substance abuse; changed initial approval period from 12 months to 6 months.
10/29/2021	New indication of CRSwNP added. Changed to new format.
11/02/2022	CRSwNP: Removed requirement for trial of systemic steroids.
11/27/2023	Asthma: Changed eosinophil cutoff to 150, corrected renewal criteria, updated and added references.
07/24/2024	CRSwNP: Updated references. Removed “severe” from the diagnosis, to be consistent with drug label language. Added systemic steroid as an option other than surgery. Removed disqualifiers of surgery within past 6 months and AFRS. EGPA: Updated references. Removed Rituxan from list of common immunosuppressant examples. Added that they have relapsing or refractory disease. HES: Updated references. Added that HES has been present at least 6 months (label).
11/06/2024	EGPA: Updated references. Changed EOS count from 1500 to 1000, added requirement for at least 2 (non-severe) characteristics to be present. (Wechsler 2017). Updated immunosuppressant examples to be for non-severe disease and removed trial duration (Chung 2021, Hellmich 2024).
03/17/2025	CRSwNP: Removed duplicate ask for systemic steroid trial.

07/29/2025	Added new indication for COPD.

References:

1. Nucala [package insert]. Philadelphia, PA: GlaxoSmithKline LLC; 2025.
2. Walford HH, Doherty TA. Diagnosis and management of eosinophilic asthma: a US perspective. J Asthma Allergy. 2014;7:53–65.
3. Kostikas K, Brindicci C, Patalano F. Blood Eosinophils as Biomarkers to Drive Treatment Choices in Asthma and COPD. Curr Drug Targets. 2018;19(16):1882-1896
4. Pavord ID, Korn S, Howarth P, et al. Mepolizumab for severe eosinophilic asthma (DREAM): A multicentre, double-blind, placebo-controlled trial. Lancet. 2012;380(9842):651-659.
5. Ortega HG, Yancey SW, Mayer B, et al. Severe eosinophilic asthma treated with mepolizumab stratified by baseline eosinophil thresholds: a secondary analysis of the DREAM and MENSA studies. *Lancet Respir Med*. 2016;4(7):549-556. doi:10.1016/S2213-2600(16)30031-5
6. Farne HA, Wilson A, Milan S, Banchoff E, Yang F, Powell CV. Anti-IL-5 therapies for asthma. Cochrane Database Syst Rev. 2022;7(7):CD010834. Published 2022 Jul 12. doi:10.1002/14651858.CD010834.pub4
7. 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(1):1900588. Published 2020 Jan 2. doi:10.1183/13993003.00588-2019
8. Global Initiative for Asthma (GINA). Difficult-To-Treat & Severe Asthma in Adolescent and Adult Patients, 2023. Available from www.ginasthma.org
9. Institute for Clinical and Economic Review (ICER). Biologic Therapies for Treatment of Asthma Associated with Type 2 Inflammation: Effectiveness, Value, and Value-Based Price Benchmarks. Final Evidence Report: December 20, 2018.
10. Wechsler ME, Akuthota P, Jayne D, et al. EGPA Mepolizumab Study Team. Mepolizumab or Placebo for Eosinophilic Granulomatosis with Polyangiitis. *N Engl J Med*. 2017 May 18;376(20):1921-1932.
11. Roufosse F, Kahn JE, Rothenberg ME, et al. Efficacy and safety of mepolizumab in hypereosinophilic syndrome: A phase III, randomized, placebo-controlled trial. *J Allergy Clin Immunol*. 2020;146(6):1397-1405. doi:10.1016/j.jaci.2020.08.037
12. Valent P, Klion AD, Roufosse F, et al. Proposed refined diagnostic criteria and classification of eosinophil disorders and related syndromes. *Allergy*. 2023;78(1):47-59. doi:10.1111/all.15544
13. Shomali W, Gotlib J. World Health Organization and International Consensus Classification of eosinophilic disorders: 2024 update on diagnosis, risk stratification, and management. *Am J Hematol*. 2024;99(5):946-968. doi:10.1002/ajh.27287
14. Butt NM, Lambert J, Ali S, et al. Guideline for the investigation and management of eosinophilia. *Br J Haematol.*. 2017;176(4):553-572.
15. Schuster B, Zink A, Eyerich K. Medical algorithm: Diagnosis and treatment of hypereosinophilic syndrome. *Allergy*. 2020; 75(11): 3003-3006.
16. Klion A. Hypereosinophilic syndrome: approach to treatment in the era of precision medicine. *Hematology Am Soc Hematol Educ Program*. 2018;2018(1):326-331.19.
17. Caminati M, Brussino L, Carlucci M, Carlucci P, Carpagnano LF, Caruso C, Cosmi L, D'Amore S, Del Giacco S, Detoraki A, et al. Managing Patients with Hypereosinophilic Syndrome: A Statement from the Italian Society of Allergy, Asthma, and Clinical Immunology (SIAAIC). *Cells*. 2024; 13(14):1180. https://doi.org/10.3390/cells13141180
18. Groh M, Pagnoux C, Baldini C, et al. Eosinophilic granulomatosis with polyangiitis (Churg-Strauss) (EGPA) Consensus Task Force recommendations for evaluation and management. *Eur J Intern Med*. 2015;26(7):545-553. doi:10.1016/j.ejim.2015.04.022.
19. Chung SA, Langford CA, Maz M, et al. 2021 American College of Rheumatology/Vasculitis Foundation Guideline for the Management of Antineutrophil Cytoplasmic Antibody-Associated Vasculitis. *Arthritis Rheumatol*. 2021;73(8):1366-1383. doi:10.1002/art.41773
20. Hellmich B, Sanchez-Alamo B, Schirmer JH, et al. EULAR recommendations for the management of ANCA-associated vasculitis: 2022 update. *Ann Rheum Dis*. 2024;83(1):30-47. Published 2024 Jan 2. doi:10.1136/ard-2022-223764
21. Bachert C, et al. EUFOREA expert board meeting on uncontrolled severe chronic rhinosinusitis with nasal polyps (CRSwNP) and biologics: Definitions and management. *J Allergy Clin Immunol*. 2021;147(1):29-36
22. Rank MA, Chu DK, Bognanni A, et al. The Joint Task Force on Practice Parameters GRADE guidelines for the medical management of chronic rhinosinusitis with nasal polyposis. *J Allergy Clin Immunol*. 2023;151(2):386-398. doi:10.1016/j.jaci.2022.10.026

23. Orlandi RR, Kingdom TT, Smith TL, et al. International consensus statement on allergy and rhinology: rhinosinusitis 2021 [published correction appears in Int Forum Allergy Rhinol. 2022 Jul;12(7):974]. *Int Forum Allergy Rhinol.* 2021;11(3):213-739. doi:10.1002/alr.22741
24. Han JK, Bosso JV, Cho SH, et al. Multidisciplinary consensus on a stepwise treatment algorithm for management of chronic rhinosinusitis with nasal polyps. *Int Forum Allergy Rhinol*. 2021;11(10):1407-1416. doi:10.1002/alr.22851
25. Han JK, Bachert C, et al. Mepolizumab for chronic rhinosinusitis with nasal polyps (SYNAPSE): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2021; 9(10):1141-1153.
26. Pavord ID, Chanez P, Criner GJ, et al. Mepolizumab for Eosinophilic Chronic Obstructive Pulmonary Disease. *N Engl J Med*. 2017;377(17):1613-1629. doi:10.1056/NEJMoa1708208
27. Pavord ID, Chapman KR, Bafadhel M, et al. Mepolizumab for Eosinophil-Associated COPD: Analysis of METREX and METREO. *Int J Chron Obstruct Pulmon Dis*. 2021;16:1755-1770. Published 2021 Jun 16. doi:10.2147/COPD.S294333
28. Sciurba FC, Criner GJ, Christenson SA, et al. Mepolizumab to Prevent Exacerbations of COPD with an Eosinophilic Phenotype. *N Engl J Med*. 2025;392(17):1710-1720. doi:10.1056/NEJMoa2413181
29. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for Prevention, Diagnosis and Management of COPD: 2025 Report. Accessed 07/29/2025. Available at https://goldcopd.org/2025-gold-report/

Effective date: 01/01/2026
Revised date: 07/29/2025