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PHARMACY POLICY STATEMENT

HAP CareSource™ 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 three additional indications - eosinophilic granulomatosis with polyangiitis (EGPA), hypereosinophilic syndrome (HES), and chronic rhinosinusitis with nasal polyps (CRSwNP). All four indications 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 has tried and failed systemic corticosteroids; AND
7. Member will use Nucala in combination with an intranasal corticosteroid (INCS), unless not tolerated or contraindicated; AND
8. Medication is NOT used in combination with other biologic therapies for CRSwNP.
9. **Dosage allowed/Quantity limit:** 100 mg by subcutaneous injection once every 4 weeks.

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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:

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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.

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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.

HAP 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).

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Updated immunosuppressant examples to be for non-severe disease and removed trial duration (Chung 2021, Hellmich 2024).

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