Nucala® (mepolizumab)
(Subcutaneous)

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I. Length of Authorization

Initial coverage will be provided for 6 months and may be renewed annually thereafter.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Nucala 100 mg/mL single-dose vial for injection: 3 vials every 28 days
- Nucala 100 mg/mL single-dose prefilled autoinjector or syringe for injection: 3 autoinjectors or syringes every 28 days
- Nucala 40 mg/0.4 mL single-dose prefilled syringe for injection: 1 syringe every 28 days

B. Max Units (per dose and over time) [HCPCS Unit]:

Severe Asthma with Eosinophilic Phenotype
- 100 billable units every 28 days

EGPA
- 300 billable units every 28 days

Hypereosinophilic Syndrome
- 300 billable units every 28 days

CRSwNP
- 100 billable units every 28 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

Universal Criteria [1]

- Will not be used in combination with other anti-IgE, anti-IL4, anti-IL5, or IgG2 lambda monoclonal antibody agents (e.g., benralizumab, omalizumab, reslizumab, dupilumab, tezepelumab etc.); **AND**

Severe Asthma † [1-3,7,10,12,13,19,21,22]

- Patient is at least 6 years of age; **AND**
- Patient has severe* disease; **AND**

- Patient has asthma with an eosinophilic phenotype indicated by blood eosinophils ≥150 cells/µL; **AND**
- Used for add-on maintenance treatment in patients regularly receiving BOTH of the following**:**
    - Medium to high-dose inhaled corticosteroids; **AND**
    - An additional controller medication (e.g., long-acting beta agonist, long-acting muscarinic agent, leukotriene modifiers, etc.); **AND**
- Will not be used for treatment of acute bronchospasm or status asthmaticus; **AND**
- Patient must have two or more exacerbations in the previous year requiring daily oral corticosteroids for at least 3 days (in addition to the regular maintenance therapy defined above); **AND**
- Baseline measurement of at least one of the following for assessment of clinical status:
    - Use of systemic corticosteroids
    - Use of inhaled corticosteroids
    - Number of hospitalizations, ER visits, or unscheduled visits to healthcare provider due to condition
    - Forced expiratory volume in 1 second (FEV_1)

Eosinophilic Granulomatosis with Polyangiitis (EGPA)/Churg-Strauss Syndrome † Φ [1,4-6,23]

- Patient is at least 18 years of age; **AND**
- Patient has a confirmed diagnosis of EGPA**§** (aka Churg-Strauss Syndrome); **AND**
- Patient has been on a stable dose of oral corticosteroid therapy for at least 4 weeks prior to starting treatment; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., Birmingham Vasculitis Activity Score [BVAS], history of asthma symptoms and/or exacerbations, duration of remission, rate of relapses, etc.)

Hypereosinophilic Syndrome (HES) † Φ [1,11]

- Patient is at least 12 years of age; **AND**
- Patient has been diagnosed with HES for at least 6 months prior to starting treatment; **AND**
- Patient does NOT have non-hematologic secondary HES (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy) or FIP1L1-PDGFRα kinase-positive HES; **AND**
- Patient has a history of 2 or more HES flares within the previous 12 months (e.g., documented HES-related worsening of clinical symptoms or blood eosinophil counts requiring an escalation in therapy); **AND**
- Patient must have blood eosinophils ≥1000 cells/µL within 4 weeks of dosing; **AND**
- Used in combination with stable doses of at least one other HES therapy (e.g., oral corticosteroids, immunosuppressive agents, cytotoxic therapy, etc.)

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) † [1,15,16,18,24]

- Patient is at least 18 years of age; **AND**
- Patient has bilateral symptomatic sino-nasal polyposis with symptoms lasting at least 12 weeks; **AND**
- Patient has failed on at least 4 weeks of intranasal corticosteroid therapy; **AND**
- Other causes of nasal congestion/obstruction have been ruled out (e.g., acute sinusitis, nasal infection or upper respiratory infection, rhinitis medicamentosa, tumors, infections, granulomatosis, etc.); **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Therapy will be used in combination with intranasal corticosteroids unless not able to tolerate or use is contraindicated

***Components of severity for classifying asthma as <u>severe</u> may include any of the following (not all inclusive):[2,12]**

- Symptoms throughout the day
- Nighttime awakenings, often 7x/week
- SABA use for symptom control occurs several times per day
- Extremely limited normal activities
- Lung function (percent predicted FEV_1) <60%
- Exacerbations requiring oral systemic corticosteroids are generally more frequent and intense relative to moderate asthma

§Eosinophilic Granulomatosis Polyangiitis (EGPA) defined as all of the following:[4,6]

- History or presence of asthma
- Blood eosinophil level > 10% or an absolute eosinophil count >1000 cells/mm^3
- Two or more of the following criteria:
  - Histopathologic evidence of eosinophilic vasculitis, perivascular eosinophilic infiltration or eosinophil rich granulomatous inflammation
  - Neuropathy
  - Pulmonary infiltrates
  - Sinonasal abnormalities
  - Cardiomyopathy
  - Glomerulonephritis
  - Alveolar hemorrhage
  - Palpable purpura
  - Antineutrophil Cytoplasmic Antibody (ANCA) positivity

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: parasitic (helminth) infection, herpes zoster infection, severe hypersensitivity reactions (e.g., anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash, etc.), etc.; **AND**

Severe Asthma [1-3,7,10]

- Improvement in asthma symptoms or asthma exacerbations as evidenced by decrease in one or more of the following:
  - Use of systemic corticosteroids
  - Two-fold or greater decrease in inhaled corticosteroid use for at least 3 days
  - Hospitalizations
  - ER visits
  - Unscheduled visits to healthcare provider; **OR**
- Improvement from baseline in forced expiratory volume in 1 second (FEV_1)

Eosinophilic Granulomatosis with Polyangiitis/Churg-Strauss Syndrome [1,5,6]

- Disease response as indicated by improvement in signs and symptoms compared to baseline as evidenced by one or more of the following:
  - Patient is in remission [defined as a Birmingham Vasculitis Activity Score (BVAS) score=0 and a prednisone/prednisolone daily dose of ≤ 7.5 mg]
  - Decrease in maintenance dose of systemic corticosteroids
  - Improvement in BVAS score compared to baseline
  - Improvement in asthma symptoms or asthma exacerbations
  - Improvement in duration of remission or decrease in the rate of relapses

Hypereosinophilic Syndrome (HES) [1,11]

- Disease response as indicated by a decrease in HES flares from baseline *(**Note:** An HES flare is defined as worsening of clinical signs and symptoms of HES or increasing eosinophils (on at least 2 occasions), resulting in the need to increase oral corticosteroids or increase/add cytotoxic or immunosuppressive HES therapy).*

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) † [1,15,18]

- Disease response as indicated by improvement in signs and symptoms compared to baseline in one or more of the following: nasal/obstruction symptoms, improvement of sinus opacifications as assessed by CT-scans and/or an improvement on a disease activity scoring tool [e.g., nasal polyposis score (NPS), nasal congestion (NC) symptom severity score, sino-nasal outcome test-22 (SNOT-22), etc.]; **OR**
- Patient had an improvement in at least one (1) of the following response criteria:
  - Reduction in nasal polyp size
  - Reduction in need for systemic corticosteroids

- Improvement in quality of life
- Improvement in sense of smell
- Reduction of impact of comorbidities

V. Dosage/Administration [1]

Indication	Dose
Severe Asthma with Eosinophilic Phenotype	Pediatric Patients Aged 6 to 11 years (100 mg single-dose vial or 40 mg/0.4 mL single-dose prefilled syringe ONLY)§: 40 mg administered subcutaneously once every 4 weeks Adults and Adolescents Aged 12 years and older: 100 mg administered subcutaneously once every 4 weeks
Eosinophilic Granulomatosis with Polyangiitis/Churg-Strauss Syndrome	300 mg administered subcutaneously once every 4 weeks as 3 separate 100-mg injections. Administer each injection at least 2 inches apart.
Hypereosinophilic Syndrome (HES)	300 mg administered subcutaneously once every 4 weeks as 3 separate 100-mg injections. Administer each injection at least 2 inches apart.
Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)	100 mg administered subcutaneously once every 4 weeks.
§*The 40 mg/0.4mL prefilled syringe is ONLY for use in children 6 to 11 years of age and must be administered by a healthcare provider or patient caregiver.* **Note: The 100 mg single-dose vial must be prepared and administered by a healthcare professional; the 100 mg auto-injector or prefilled syringe may be self-administered.*	

VI. Billing Code/Availability Information

HCPCS Code:

- J2182 - Injection, mepolizumab, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Nucala 100 mg/mL lyophilized powder single-dose vial: 00173-0881-xx
- Nucala 100 mg/mL single-dose prefilled autoinjector or syringe (cartons of 1): 00173-0892-xx
- Nucala 40 mg/0.4 mL single-dose prefilled syringe (cartons of 1): 00173-0904-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 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]

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC