**Original Effective Date: 09/01/2016**
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**Policy Number: C9704-A**

# Nucala (mepolizumab)

## PRODUCTS AFFECTED

Nucala (mepolizumab)

## COVERAGE POLICY

*Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.*
*This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

***Documentation Requirements:***
*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

**DIAGNOSIS:**
Severe asthma with an eosinophilic phenotype, chronic rhinosinusitis with nasal polyps, Eosinophilic granulomatosis with polyangitis, Hypereosinophilic syndrome

**REQUIRED MEDICAL INFORMATION:**
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case- by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

A. SEVERE ASTHMA WITH EOSINOPHILIC PHENOTYPE:
   1. Documented diagnosis of moderate to severe asthma
      AND
   2. Prescriber attests or clinical reviewer has found that Nucala (mepolizumab) is NOT being prescribed as:
      (a) Monotherapy for asthma (must be prescribed as add-on maintenance to be used in

combination with other medications for long- term control of asthma)
AND
(b) Concurrent therapy with other monoclonal antibodies used to treat asthma [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [benralizumab (Fasenra), Cinqair (reslizumab) OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]
AND

3. Documentation of one of the following [DOCUMENTATION REQUIRED]:
(a) Member has eosinophilic phenotype or predominantly eosinophil- driven disease with blood eosinophil counts: >150 cells/microliter at initiation of therapy (within 6 weeks of request) OR > 300 cells/microliter in the prior 12 months
OR
(b) Member has experienced exacerbation(s) or hospitalization(s), within the last 12 months documented by any of the following:
    i. TWO (2) or more exacerbations requiring treatment with systemic corticosteroid (intramuscular, intravenous, or oral) despite the use of high-dose inhaled corticosteroids in the past 12 months OR
    ii. Two-fold increase or greater in the dose of systemic corticosteroid treatment for asthma exacerbations OR
    iii. Asthma worsens upon tapering of oral corticosteroid therapy OR
    iv. Mechanical ventilation in the past 12 months OR
    v. Poor symptom control indicated by Asthma Control Questionnaire (ACQ) score consistently greater than 1.5 or Asthma Control Test (ACT) score consistently less than 20 OR
    vi. Forced expiratory volume in 1 second (FEV1) < 80% predicted OR
    vii. FEV1/forced vital capacity (FVC) < 0.80

AND

4. Symptoms inadequately controlled (as documented in criteria above) by the following adherent regimen of at least 3 months (within the past 90 days) (a) OR (b)
    a. COMBINATION THERAPY of high-dose inhaled corticosteroid (ICS) AND an asthma controller medication with or without oral corticosteroid:
        1) Maximally tolerated dose of inhaled ICS (appropriately adjusted for age), OR Documented serious side effects, FDA labeled contraindication, or hypersensitivity to ICS [Appendix 2: Suggested total daily dosages for inhaled corticosteroids (ICS)-
        **AND**
        2) ONE of the following ASTHMA CONTROLLER MEDICATION (LABA, LTRA, LAMA, AND theophylline), OR documented serious side effects, FDA labeled contraindication, or hypersensitivity to all these medications (LABA, LTRA, LAMA, AND theophylline)
            - Long-acting beta-2 agonist (LABA) [e.g., salmeterol (products (Serevent) formoterol (Foradil)], OR
            - Leukotriene receptor antagonist (LTRA) [e.g., montelukast (Singulair); zafirlukast (Accolate); zileuton (Zyflo)], OR
            - Long-acting muscarinic antagonist (LAMA) [e.g., tiotropium bromide inhalation spray (Spiriva, Respimat)], OR
            - Theophylline (Theo-24, Uniphyl, TheoChron ER, generics)

        OR
    b. Combination ICS/LABA at maximum recommended doses or maximally tolerated dose [i.e., fluticasone/salmeterol (Advair), mometasone/formoterol (Dulera), budesonide/formoterol (Symbicort); fluticasone/vilanterol (Breo Ellipta)]
    *MOLINA REVIEWER: Verify pharmacy claims for compliance with the combination therapy above within the last 90 days. For new members to Molina Healthcare, confirm medication use in medical chart history. Non-compliance, which can be documented by review of the prescription fill history, would not constitute therapeutic failure.*

AND

5. Prescriber attestation that IF member is a smoker, the member has been counseled regarding the benefits of smoking cessation and/or connected with a program to support smoking cessation AND
6. Prescriber attestation that the member's underlying conditions or triggers for asthma or pulmonary disease are being maximally managed

B. EOSINOPHILIA GRANULOMATOSIS WITH POLYANGITIS (EGPA):
1. Documented diagnosis of EGPA supported by both of the following [DOCUMENTATION REQUIRED]:
   (a) Blood eosinophil level of at least 10% of leucocytes OR Absolute eosinophil count > 1,000 cells/μL
   AND
   (b) Presence of any of the following characteristics typical of EGPA:
   i. Histopathological evidence of: Eosinophilic vasculitis, Perivascular eosinophilic infiltration, or Eosinophil- rich granulomatous inflammation
   ii. Neuropathy, mono or poly (motor deficit or nerve conduction abnormality)
   iii. Pulmonary infiltrates, non-fixe
   iv. Sino-nasal abnormality
   v. Cardiomyopathy (established by echocardiography or MRI)
   vi. Glomerulonephritis (hematuria, red cell casts, proteinuria)
   vii. Alveolar hemorrhage (by bronchoalveolar lavage)
   viii. Palpable purpura
   ix. Anti-neutrophil cytoplasmic antibody (ANCA) positive
   AND
2. Prescriber attests that member has refractory disease defined as failure to attain remission within the prior 6 months following induction treatment with standard therapy regimens [at least 3 months of ORAL corticosteroids with or without an immunosuppressant (e.g., cyclophosphamide, azathioprine, methotrexate)] OR has a contraindication or serious side effects to oral corticosteroids and immunosuppressants
   AND
3. Documentation of baseline disease severity to assess efficacy of therapy at renewal (asthma symptoms or asthma exacerbations, severity, or frequency of EGPA- related symptoms, frequency and/or severity of relapses, maintenance doses of systemic corticosteroids and/or immunosuppressant, blood eosinophil count or inflammatory markers, Birmingham Vasculitis) Activity Score (BVAS) score [DOCUMENTATION REQUIRED]
   AND
4. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

C. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:
1. Documentation of diagnosis of chronic rhinosinusitis with nasal polyposis
   AND
2. Prescriber attests that member has a history of sino-nasal surgery or is not eligible for surgery
   AND
3. Documentation that the member has experienced an inadequate response (after 3 consistent months of use) or serious side effects to ONE of the following medications unless contraindicated: preferred formulary intranasal steroids OR preferred formulary oral corticosteroids
   AND
4. Member is concurrently receiving treatment with one of the following Intranasal steroids, Oral corticosteroids, Nasal saline irrigations, antibiotics, or antileukotriene agents
   AND
5. Prescriber attests that Nucala (mepolizumab) will not be used as monotherapy

6. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., nasal congestion, loss of smell, sino-nasal symptoms) [DOCUMENTATION REQUIRED]
   AND
7. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

D. HYPEREOSINIPHILIC SYNDROME (HES):
1. Documentation of diagnosis of hypereosinophilic syndrome for ≥ 6 months
   AND
2. Documentation of BOTH of the following: (a) there is no identifiable non-hematologic secondary cause of the patient's HES (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non- hematologic malignancy); AND (b) HES is not FIP1L1-PDGRαkinase- positive
   AND
3. Documentation of baseline (pre-mepolizumab treatment) blood eosinophil level ≥ 1000 cells/μL within the past 4 weeks
   AND
4. Documentation member is currently receiving a stable dose of background HES therapy (e.g., oral corticosteroid, immunosuppressor, or cytotoxic therapy)
   AND
5. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., frequency of HES flares, background HES therapy requirements, etc.) [DOCUMENTATION REQUIRED]
   AND
6. Prescriber attests or clinical reviewer has found that Nucala (mepolizumab) is NOT being prescribed as concurrent therapy with other monoclonal antibodies used to treat asthma [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [benralizumab (Fasenra), Cinqair (reslizumab) OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

**CONTINUATION OF THERAPY:**

A. SEVERE ASTHMA WITH EOSINOPHILIC PHENOTYPE:
1. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance)
   AND
2. Documentation that Nucala (mepolizumab) therapy has resulted in clinical improvement as documented by ONE or more of the following from baseline [DOCUMENTATION REQUIRED]:
   a) Improvement in lung function (increase in percent predictedFEV1 or PEF) from pre-treatment baseline
   b) Decreased utilization of rescue medications, decreased frequency of exacerbations (defined as worsening of asthma that requires increase in inhaled corticosteroid dose or treatment with systemic corticosteroids)
   c) Decreased frequency of unscheduled clinic, urgent care, or emergency department visits
   d) Reduction in reported symptoms: chest tightness, coughing, shortness of breath, nocturnal wakening wheezing, sustained improvement in Asthma Control Test (ACT) scores
   e) Decreased or stopped oral treatments (including oral corticosteroids and other add on medications, if applicable), or reduced ICS-LABA dose (to at least moderate)

   MOLINA REVIEWER NOTE: For members with unclear response after initial use, see Background (GINA 2022).

AND

3. Prescriber attests to or clinical reviewer has found no evidence of ANY of the following: Intolerable adverse effects or unacceptable toxicity from the drug [e.g., symptoms of anaphylaxis (bronchospasm, hypotension, syncope, urticaria, and/or angioedema), malignancy, symptoms similar to serum sickness (fever, arthralgia, and rash); parasitic (helminth) infection, eosinophilic conditions (e.g., vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy, especially upon reduction of oral corticosteroids];
   AND
4. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

B. EOSINOPHILIA GRANULOMATOSIS WITH POLYANGITIS (EGPA):
1. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance)
   AND
2. Nucala (mepolizumab) therapy has resulted in clinical improvement of signs and symptoms compared to baseline as evidenced by ONE (1) or more of the following from baseline: Improvement in asthma symptoms or asthma exacerbations, Improvement in duration of remission or decrease in the rate of relapses, Decrease in severity or frequency of EGPA- related symptoms, Decrease in the frequency and/or severity of relapses, Reduction or discontinuation of maintenance doses of systemic corticosteroids and/or immunosuppressant, Decreased blood eosinophil count or inflammatory markers, Improvement in Birmingham Vasculitis Activity Score (BVAS) score compared to baseline or Member is in remission as defined by BVAS score = 0 and a prednisone/prednisolone daily dose of ≤ 7.5 mg [DOCUMENTATION REQUIRED]
   AND
3. Prescriber attests to or clinical reviewer has found no evidence of ANY of the following: Intolerable adverse effects or unacceptable toxicity from the drug [e.g. symptoms of anaphylaxis (bronchospasm, hypotension, syncope, urticaria, and/or angioedema), malignancy, symptoms similar to serum sickness (fever, arthralgia, and rash); parasitic (helminth) infection, eosinophilic conditions (e.g. vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy, especially upon reduction of oral corticosteroids];
   AND
4. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

C. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:
1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms (e.g., nasal congestion, loss of smell, sino-nasal symptoms) [DOCUMENTATION REQUIRED]
   AND
4. Prescriber attests that member continues on standard therapy (intranasal steroids, oral

corticosteroids, nasal saline irrigations, antibiotics, or antileukotriene agents_
AND

5. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

D. HYPEREOSINIPHILIC SYNDROME (HES):

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms (i.e., Reduction in frequency of HES flares, Maintenance, or reduction in background HES therapy requirements) [DOCUMENTATION REQUIRED]
AND
4. Prescriber attests or clinical reviewer has found that requested therapy is NOT prescribed for, or intended for, combination therapy or concurrent therapy with other monoclonal antibodies [i.e., Xolair (omalizumab) OR other IL-5 inhibitors [Cinqair (reslizumab), Nucala (mepolizumab)] OR IL-4 agonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

**DURATION OF APPROVAL:**
Initial authorization: 6 months, Continuation of treatment: 12 months

**PRESCRIBER REQUIREMENTS:**
Prescribed by, or in consultation with, a board-certified asthma specialist (allergist, immunologist, pulmonologist), physician experienced in the management of asthma, cardiologist, or otorhinolaryngologist [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

**AGE RESTRICTIONS:**
Severe Asthma, add on maintenance in patients with eosinophilic phenotype: 6 years of age and older
Eosinophilic Granulomatosis with Polyangitis: 18 years of age and older
Hypereosinophilic syndrome: 12 years of age and older
Chronic rhinosinusitis with nasal polyps: 18 years of age and older

**QUANTITY:**
Severe asthma (eosinophilic phenotype) for add-on maintenance treatment of patients:
Children 6 years to 11 years: 40 mg once every 4 weeks.
Children and adults (12 years and older): 100 mg once every 4 weeks

Eosinophilic granulomatosis with polyangitis: 300 mg (as 3 separate 100-mg injections) once every 4 weeks

Hypereosinophilic syndrome: 300 mg (as 3 separate 100-mg injections) once every 4 weeks

Chronic rhinosinusitis with nasal polyps: 100 mg once every 4 weeks.

**PLACE OF ADMINISTRATION:**

The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous injectable products administered in a place of service that is a non- hospital facility-based location as per the Molina Health Care Site of Care program.

**Note:** Site of Care Utilization Management Policy applies for Nucala (mepolizumab). For information on site of care, see
Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

## DRUG INFORMATION

**ROUTE OF ADMINISTRATION:**
Subcutaneous

**DRUG CLASS:**
Interleukin-5 Antagonists (IgG1 kappa)

**FDA-APPROVED USES:**
NUCALA is indicated for:

- Add-on maintenance treatment of adult and pediatric patients aged 6 years and older with severe asthma and with an eosinophilic phenotype.
- Add-on maintenance treatment of adult patients 18 years and older with chronic rhinosinusitis with nasal polyps (CRSwNP).
- The treatment of adult patients with eosinophilic granulomatosis with polyangitis (EGPA).
- The treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause.

*Limitations of use: Not for relief of acute bronchospasm or status asthmaticus*

**COMPENDIAL APPROVED OFF-LABELED USES:**
None

## APPENDIX

**APPENDIX:**
Asthma

- Controller medications: suppress the inflammatory causes of asthma to provide clinical control over the long term, whereas reliever medications relieve bronchoconstriction quickly. Controller medications include inhaled glucocorticoids, long-acting beta-agonists (LABAs) and Leukotriene receptor antagonists (LTRA). Theophylline (Theo-24, Uniphyl, TheoChron ER, generics) is also a controller agent, however, it is not as efficacious as LABAs.

**Inhaled Corticosteroids (list not all inclusive):**
*Beclometasone dipropionate (QVAR)*
*Budesonide DPI (Pulmicort Flexhaler)*
*Budesonide nebules (Pulmicort Respules)*
*Ciclesonide (Alvesco)*
*Flunisolide (Aerospan)*
*Mometasone furoate (Asmanex Twisthaler)*
*Mometasone furoate (Asmanex HFA*)*
*Fluticasone furoate (Arnuity Ellipta)*
*Fluticasone propionate (Flovent Diskus)*
*Fluticasone propionate (Flovent HFA)*
**HFA: hydrofluoroalkane propellant metered dose inhaler*
**DPI: dry powder inhaler*

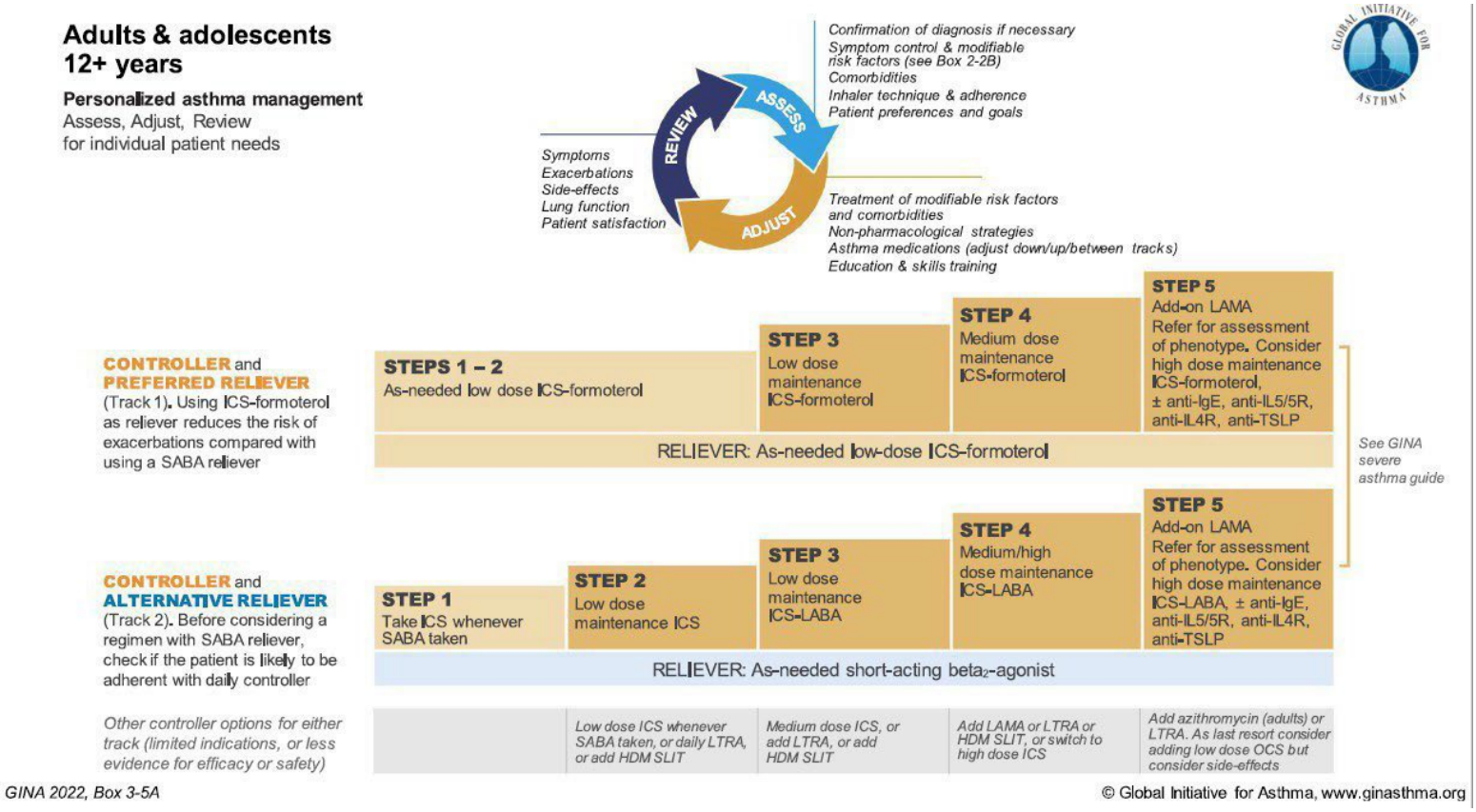
**Combination Long-Acting Bronchodilator and Corticosteroid (list not all inclusive):**
*Budesonide/formoterol (Symbicort)*

*Fluticasone/salmeterol (Advair Diskus)*
*Fluticasone/salmeterol (Advair HFA)*
*Fluticasone/vilanterol(Breo Ellipta)*
*Mometasone/formoterol (Dulera)*

**Leukotriene receptor antagonist (LTRA) (list not all inclusive):**
*Montelukast (Singulair), Zafirlukast (Accolate), Zileuton (Zyflo)*

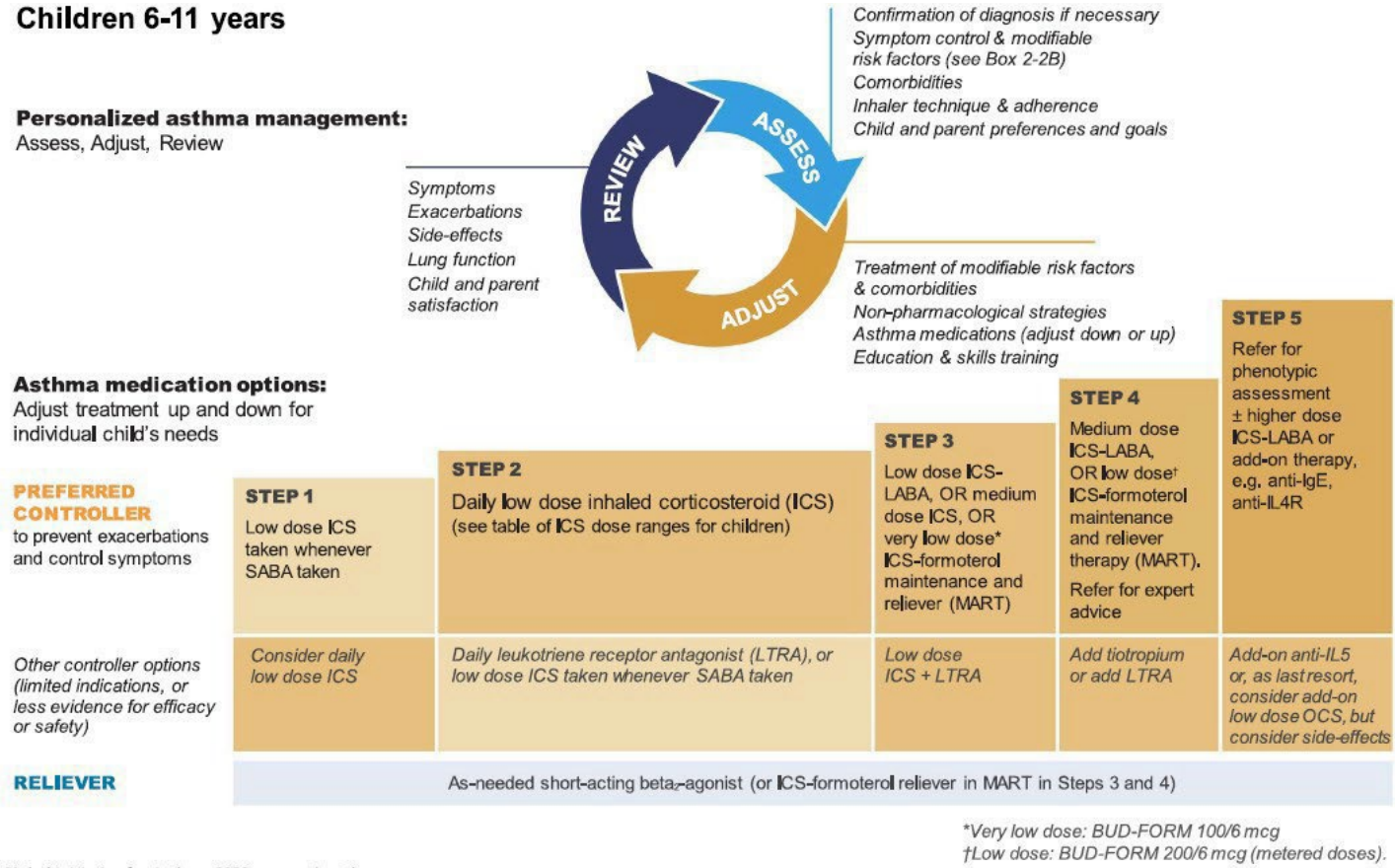
- FEV1 (forced expiratory volume in 1 second): A measure of airway obstruction determined using spirometry. Individual FEV1 values are compared to predicted values based on age, height, sex and race.
- PEF (peak expiratory flow): PEF is often described as a percent of personal best measurement. Personal best PEF is the highest PEF value attained after 2 to 3 weeks of testing when asthma is in good control.

## APPENDIX 1: Managing Asthma in Adults and Adolescents 12+ Years




ABBREVIATIONS: HDM: house dust mite; ICS: inhaled corticosteroid; LABA: long-acting beta2-agonist; LAMA: long-acting muscarinic antagonist; LTRA: Leukotriene Receptor Antagonist; OCS: oral corticosteroids; SABA: short-acting beta2-agonist; SLIT: sublingual immunotherapy
REFERENCE: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org

**Managing Asthma in Children 6-11 Years**




Box 3-5B © Global Initiative for Asthma 2022, www.ginasthma.org

ABBREVIATIONS: BUD-FORM: budesonide-formoterol; ICS: inhaled corticosteroid; LABA: long-acting beta2-agonist; LTRA: Leukotriene Receptor Antagonist; MART: maintenance and reliever therapy with ICS-formoterol; OCS: oral corticosteroids; SABA: short-acting beta2-agonist; SLIT: sublingual immunotherapy

REFERENCE: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org

**APPENDIX 2: SUGGESTED TOTAL DAILY DOSAGES for INHALED CORTICOSTEROIDS (ICS) IN ADULTS AND ADOLESCENTS (12 years and older):**

| Inhaled Corticosteroid | Low Dose ICS (mcg) | Medium Dose ICS (mcg) | High Dose ICS (mcg) |
|---|---|---|---|
| Beclometasone dipropionate (pMDI, standard particle, HFA) | 200-500 | >500-1000 | >1000 |
| Beclometasone dipropionate (DPI or pMDI, extrafine particle, HFA) | 100-200 | >200-400 | >400 |
| Budesonide (DIP, or pMDI, standard particle, HFA) | 200-400 | >400-800 | >800 |
| Ciclesonide (pMDI, extrafine particle, HFA) | 80-160 | >160-320 | >320 |
| Fluticasone furoate (DPI) | 100 | 100 | 200 |
| Fluticasone propionate (DPI) | 100-250 | >250-500 | >500 |
| Fluticasone propionate (pMDI, standard particle, HFA) | 100-250 | >250-500 | >500 |
| Mometasone furoate (pMDI, standard particle, HFA) | 200-400 | 200-400 | >400 |

*Reference: Box 3-6. Low, medium, and high daily metered doses of inhaled corticosteroids (alone or with LABA) Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org*

**SUGGESTED TOTAL DAILY DOSAGES for INHALED CORTICOSTEROIDS (ICS) IN CHILDREN 6-11 YEARS:**

| Inhaled Corticosteroid | Low Dose ICS (mcg) | Medium Dose ICS (mcg) | High Dose ICS (mcg) |
|---|---|---|---|
| Beclometasone dipropionate (pMDI, standard particle, HFA) | 100-200 | >200-400 | >400 |
| Beclometasone dipropionate (pMDI, standard particle, HFA) | 50-100 | >100-200 | >200 |
| Budesonide (DPI) | 100-200 | >200-400 | >400 |
| Budesonide (nebules) | 250-500 | >500-1000 | >1000 |
| Ciclesonide (pMDI, extrafine particle, HFA) | 80 | >80-160 | >160 |
| Fluticasone furoate (DPI) | 50 | 50 | NA |
| Fluticasone propionate (DPI) | 50-100 | >100-200 | >200 |
| Fluticasone propionate (pMDI, standard particle, HFA) | 50-100 | >100-200 | >200 |
| Mometasone furoate (pMDI, standard particle, HFA) | 100 | 100 | 200 |

*Reference: Box 3-6. Low, medium and high daily metered doses of inhaled corticosteroids (alone or with LABA) Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2022. Available from: www.ginasthma.org*

## BACKGROUND AND OTHER CONSIDERATIONS

**BACKGROUND:**

Nucala, an interleukin (IL)-5 antagonist immunoglobulin G (IgG)1κ monoclonal antibody, is indicated for add-on maintenance treatment of patients with severe asthma aged ≥ 6 years who have an eosinophilic phenotype.1 Nucala is also indicated for treatment of Eosinophilic Granulomatosis with Polyangitis (EGPA) in patients aged ≥ 12 years. Nucala is also indicated for Rhinosinusitis with nasal polyps in adult patients. Limitations of Use: Nucala is not indicated for the treatment of other eosinophilic conditions or for the relief of acute bronchospasm/status asthmaticus. Nucala is a human IL-5 antagonist; IL-5 is the main cytokine involved in the growth, differentiation, recruitment, activation, and survival of eosinophils. The most important factor in the pathogenesis of asthma is inflammation, which involves multiple mediators and cell types, including eosinophils. By inhibiting the signaling of IL-5, Nucala decreases the production and survival of eosinophils. However, the exact mechanism of action of Nucala in asthma has not been established. Nucala is not indicated for intravenous (IV) use; it should be administered as a 100 mg subcutaneous (SC) injection once every 4 weeks by a healthcare professional.

Global Initiative for Asthma (GINA, 2022)

- Provides a stepwise approach to asthma management, adjusting treatment in a continuous cycle of assessment, treatment, and review of the patient's response as it relates to symptom control, future risk of exacerbations, and side effects
- Nucala (mepolizumab) is recommended as add-on for patients ≥ 6 years old with severe

eosinophilic asthma uncontrolled with step 4-5 treatment (GINA Evidence A).
Higher blood eosinophil levels, more exacerbations in the previous year, adult-onset asthma, nasal polyposis, maintenance oral corticosteroids at baseline, and low lung function may predict a good asthma response to Nucala.

- Anti–IL-5 therapy with reslizumab is recommended in patients 18 years and older and benralizumab is recommended in patients 12 years and older with severe eosinophilic asthma that is uncontrolled despite optimized doses of inhaled corticosteroids (ICSs) plus long-acting beta-agonists (LABAs) with or without other controller drugs (e.g., long- acting muscarinic antagonist, leukotriene receptor antagonist, theophylline). All patients should have access to a reliever medication (SABA or low-dose ICS-formoterol) for as- needed symptom control.
- Phenotype-guided add-on treatment:
  - Patients with severe asthma, uncontrolled on Step 4 treatment, may benefit from phenotyping into categories such as severe allergic, aspirin- exacerbated or eosinophilic asthma
  - Patients > 6 years with severe allergic asthma with elevated IgE levels may benefit from omalizumab (anti-IgE) therapy (Evidence A)
  - Those with severe eosinophilic asthma may benefit from anti-IL5 therapy (subcutaneous mepolizumab (Nucala) > 6 years; intravenous reslizumab (Cinqair) > 18 years) or anti-IL receptor therapy (subcutaneous benralizumab (Fasenra) > 12 years) (Evidence A)
  - LTRAs may be helpful of patients found to be aspirin sensitive (Evidence B)
- Suggested initial trial of add-on anti-IL5 for severe eosinophilic asthma is at least 4 months. At that point, response to initial trial of add-on therapy should be reviewed. There are no well-defined criteria for good response, but exacerbations, symptom control, lung function, side effects, treatment intensity, and patient satisfaction should be considered. If the response is unclear, consider extending the trial to 6-12 months. If there is no response, stop the biologic therapy and consider switching to a different targeted therapy, if available.

**CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**
All other uses of Nucala (mepolizumab) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy

**OTHER SPECIAL CONSIDERATIONS:**
None

## CODING/BILLING INFORMATION

*Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement*

| HCPCS CODE | DESCRIPTION |
|---|---|
| J2182 | Injection, mepolizumab, 1 mg |

**AVAILABLE DOSAGE FORMS**:
Nucala SOLR 100MG
Nucala SOAJ 100MG/ML (auto-injector)
Nucala SOSY 100MG/ML (pre-filled syringe)
Nucala SOSY 40MG/0.4ML (pre-filled syringe)

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| SUMMARY OF REVIEW/REVISIONS | DATE |
|---|---|
| REVISION- Notable revisions:<br>Required Medical Information<br>Continuation of Therapy<br>Prescriber Requirements<br>Appendix<br>Background<br>Contraindications/Exclusions/Discontinuation<br>Available Dosage Forms<br>References | Q4 2022 |
| Q2 2022 Established tracking in new format | Historical changes on file |
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