

**POLICY NAME**

Nucala (mepolizumab)

**POLICY #**

## Criteria

### Coverage Criteria for Asthma

- ☐ **1.1** Documented diagnosis of eosinophilic phenotype severe asthma with one of the following:
  - Peripheral blood eosinophil count of 150 cells per microliter within the previous 6 weeks
  - Patient is dependent on systemic corticosteroids
- ☐ **1.2** Prescribed by an allergist, immunologist, or pulmonologist
- ☐ **1.3** Age 6 years or older
- ☐ **1.4** Documented concurrent use with one of the following:
  - An inhaled corticosteroid and one additional asthma controller medication (e.g., leukotriene receptor antagonist) with lack of asthma control
  - A maximally tolerated ICS/LABA combination inhaler with lack of asthma control

### Coverage Criteria for Eosinophilic Granulomatosis with Polyangiitis (Churg-Strauss)

- ☐ **2.1** Documented diagnosis of eosinophilic granulomatosis with polyangiitis
- ☐ **2.2** Prescribed by an allergist, immunologist, or pulmonologist
- ☐ **2.3** Age 18 years or older
- ☐ **2.4** Documented concurrent daily glucocorticoid therapy

## Coverage Criteria for Hypereosinophilic Syndrome (HES)

- ☐ **3.1** Documented diagnosis of hypereosinophilic syndrome for 2: 6 months without an identifiable non- hematologic secondary cause (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy)
- ☐ **3.2** Prescribed by a specialist
- ☐ **3.3** Age 12 years or older
- ☐ **3.4** Documentation that the patient has had HES flares while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive therapy, or cytotoxic therapy)

## Coverage of chronic rhinosinusitis with nasal polyps

- ☐ **4.1** Documented diagnosis of rhinosinusitis with nasal polyps
- ☐ **4.2** Prescribed by an otolaryngologist, allergist, or immunologist
- ☐ **4.3** Age 18 years or older
- ☐ **4.4** Documented failure, intolerance, or contraindication to intranasal glucocorticoids

## Coverage of Maintenance Treatment of Chronic Obstructive Pulmonary Disease (COPD)

- ☐ **5.1** Documented inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype with both of the following:
  - Baseline eosinophils of 2: 150 cell/mcL, or in the previous 12 months eosinophils 2: 300 cell/mcL
  - COPD with moderated to very severe airflow limitation (post-bronchodilator FEV1/FVC ratio <0.7 and post-bronchodilator FEV1 of 20% to 80% predicted) while on an optimized therapy
- ☐ **5.2** Age 18 years or older
- ☐ **5.3** Documentation to support at least one of the following within the previous 12 months:
  - At least two moderate COPD exacerbations (requiring systemic corticosteroids with or without Statement of the Policy Criteria Purpose of the Policy antibiotics) or
  - At least one severe COPD exacerbation (requiring hospitalization)
- ☐ **5.4** Documented concurrent use with one of the following:
  - Triple therapy (i.e., an inhaled corticosteroid (ICS), a long-acting muscarinic antagonist (LAMA), and a long-acting beta agonist (LABA)
  - If ICS is contraindicated, a LAMA and LABA
- ☐ **5.5** Prescribed by or in consultation with a pulmonologist