MEDICAL MUTUAL®

Drug Policy

Policy:	**201601-MRx (02-22)**	**Initial Effective Date: 02/28/2016**
Code(s):	**HCPCS J2182**	**Annual Review Date: 10/19/2023**
SUBJECT:	**Nucala® (mepolizumab)**	**Last Revised Date: 10/19/2023**

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

I. Length of Authorization

Coverage is provided for 6 months and may be renewed.

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]

- Patient is at least 6 years of age; **AND**
- Patient must have severe***** disease; **AND**
- Patient must have asthma with an eosinophilic phenotype indicated by blood eosinophils ≥300 cells/µL within previous 12 months or ≥150 cells/µL within 6 weeks of dosing; **AND**
- Must be 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, 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 [1,5,6]

- Patient is at least 18 years of age; **AND**
- Patient has a confirmed diagnosis of EGPA**§** (aka Churg-Strauss Syndrome); **AND**
- Patient must have blood eosinophils ≥150 cells/µL within 6 weeks of dosing; **AND**
- Patient has been on stable doses of concomitant oral corticosteroid therapy for at least 4 weeks (i.e., prednisone or prednisolone at a dose of 7.5 mg/day); **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, or 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]

- Patient is at least 18 years of age; **AND**
- Patient has bilateral symptomatic sino-nasal polyposis with symptoms lasting at least 8 weeks; **AND**
- Patient has failed on at least 8 weeks of intranasal corticosteroid therapy; **AND**
- Patient has at least three (3) of the following indicators for biologic treatment:
    - Patient has evidence of type 2 inflammation (e.g., tissue eosinophils ≥ 10/hpf, blood eosinophils ≥ 150 cells/µL, or total IgE ≥ 100 IU/mL)
    - Patient has required ≥2 courses of systemic corticosteroids per year or >3 months of low dose corticosteroids, unless contraindicated
    - Disease significantly impairs the patient's quality of life
    - Patient has experienced significant loss of smell
    - Patient has a comorbid diagnosis of asthma; **AND**
- Patient does not have any of the following:
    - Antrochoanal polyps
    - Nasal septal deviation that would occlude at least one nostril
    - Disease with lack of signs of type 2 inflammation
    - Cystic fibrosis
    - Mucoceles; **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 [1-3,5-7,10,11,15, 18]

- 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

- 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

- 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)

- 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

1. Nucala [package insert]. Philadelphia, PA; GlaxoSmithKline LLC; March 2023. Accessed September 2023.
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17. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2022 Update. Available from: http://www.ginasthma.org. Accessed September 2023.
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Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

FOR MEDICAL BENEFIT COVERAGE REQUESTS:

MMO Site of Care Medical Necessity Criteria:

• Medications in this policy will be administered in a place of service that is a non-hospital facility based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center) unless at least one of the following are met†:

1. Age less than 18 years*; or
2. Clinically unstable based upon documented medical history (e.g., patient is hemodynamically unstable); or
3. History of a severe adverse event from previous administration of the prescribed medication; or
4. Requested medication is being administered as follows:
   - part of a chemotherapy regimen (e.g., anti-neoplastic agent, colony stimulating factor, erythropoiesis-stimulating agent, anti-emetic) for treatment of cancer; or
   - administered with dialysis; or
5. Physical or cognitive impairment and caregiver is not available to assist with safe administration of prescribed medication in the home; or
6. Experiencing adverse events that are not managed by premedication or resources available at a non-hospital facility based location.

No initial doses are allowed in a hospital based outpatient facility without other above criteria being met.

* Effective 01/01/2019, age criterion applies to 18 years of older. Age at original effective date (03/01/2016) was 21 years or older.
†This criterion does not apply to Medicare or Medicare Advantage members.