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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 polyangiitis, Hypereosinophilic syndrome, Chronic Obstructive Pulmonary Disease

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. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. SEVERE ASTHMA WITH EOSINOPHILIC PHENOTYPE:
   1. Documented diagnosis of moderate to severe asthma
      AND

2. Nucala (mepolizumab) is NOT being used as 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
3. Documentation 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 [DOCUMENTATION REQUIRED]:
   AND
4. Documentation member has experienced exacerbation(s) or hospitalization(s), within the last 12 months as evidenced by ANY of the following:
   i. Two or more exacerbations requiring treatment with systemic corticosteroids (intramuscular, intravenous, or oral) despite the use of high-dose inhaled corticosteroids in the past 12 months
   ii. One or more exacerbation requiring hospitalization in the past 12 months
   iii. Two-fold increase or greater in the dose of systemic corticosteroid treatment for asthma exacerbations
   iv. Asthma worsens upon tapering of oral corticosteroid therapy
   v. Mechanical ventilation in the past 12 months
   vi. 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
   vii. Forced expiratory volume in 1 second (FEV1) < 80% predicted
   viii. FEV1/forced vital capacity (FVC) < 0.80

   AND
5. Documentation of adherence to ONE of the following regimens of at least 3 months (within the past 90 days) and symptoms inadequately controlled (as documented in criteria above):
   (a) Medium or High dose ICS- LABA combination product AND one additional asthma controller medication (LAMA, LTRA, Low dose azithromycin), preferably a LAMA- per GINA guideline
   OR
   (b) Medium or High dose ICS- LABA combination product AND oral corticosteroids [see appendix for product classes]
   MOLINA REVIEWER NOTE: Verify pharmacy claims for adherence with the combination therapy above within the last 90 days. For new members to Molina Healthcare, confirm medication use in medical chart history. Non-adherence, which can be documented by review of the prescription fill history, would not constitute therapeutic failure.

B. EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (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-fixed
   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. 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 other EGPA related symptoms [e.g., rhinitis, sinusitis, skin lesions or rash, etc.], 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]

C. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:
1. Documentation of diagnosis of chronic rhinosinusitis with nasal polyposis
AND
2. member has a history of sino-nasal surgery or is not eligible for surgery
AND
3. Documentation 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/PDL intranasal steroids OR preferred formulary/PDL oral corticosteroids
AND
4. Documentation member is concurrently receiving treatment with one of the following: Intranasal steroids, Oral corticosteroids, Nasal saline irrigations, antibiotics, or antileukotriene agents (i.e., not to be used as monotherapy)
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., nasal congestion, loss of smell, sino-nasal symptoms) [DOCUMENTATION REQUIRED]

D. HYPEREOSINOPHILIC 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 member's HES (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non- hematologic malignancy); AND (b) HES is not FIP1L1- PDGFRα kinase-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]

E. CHRONIC OBSTRUCTIVE PULMONARY DISEASE:
1. Documented diagnosis of chronic obstructive pulmonary disease (COPD)
AND
2. Documentation member has eosinophilic phenotype or predominantly eosinophil-driven disease with blood eosinophil count ≥ 150 cells/mcL [DOCUMENTATION REQUIRED]
AND
3. Documentation member has experienced exacerbation(s) or hospitalization(s) within the last 12 months as evidenced by either of the following:

i. Two or more moderate exacerbations that required treatment with either systemic corticosteroids and/or antibiotics despite adherent use of inhaler therapy
   a. OR
ii. One or more severe exacerbation that required hospitalization despite adherent use of inhaler therapy

AND

4. Symptoms are inadequately controlled (as documented in criteria above) after an adherent regimen of at least 3 months of triple therapy that includes a long-acting muscarinic antagonist (LAMA), long-acting beta agonist (LABA), and inhaled corticosteroid (ICS)
   AND
5. Documentation that Nucala (mepolizumab) is NOT being used as monotherapy for COPD (must be prescribed as add-on maintenance to be used in combination with other medications for long-term control of COPD)
   AND
6. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., baseline symptomatology [dyspnea, wheezing, cough, sputum], exacerbations, etc.)

CONTINUATION OF THERAPY:

A. FOR ALL INDICATIONS
   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 [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]

B. SEVERE ASTHMA WITH EOSINOPHILIC PHENOTYPE:
   1. 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 predicted FEV1 or PEF) OR
      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) OR
      c) Decreased frequency of unscheduled clinic, urgent care, or emergency department visits OR
      d) Reduction in reported symptoms: chest tightness, coughing, shortness of breath, nocturnal wakening, wheezing, sustained improvement in Asthma Control Test (ACT) scores OR
      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 2025).
      AND
   2. Documentation member is currently treated and is adherent with standard therapy (e.g., inhaled corticosteroids, long-acting beta-2 agonist (LABA), leukotriene receptor antagonist (LTRA), long-acting muscarinic antagonist (LAMA)) within the past 90 days

C. EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (EGPA):
   1. Documentation Nucala (mepolizumab) therapy has resulted in clinical improvement of signs and

symptoms compared to baseline as evidenced by ONE 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]

D. CHRONIC RHINOSINUSITIS WITH NASAL POLYPS:
   1. 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
   2. Prescriber attests or clinical reviewer has found that member continues on standard therapy (intranasal steroids, oral corticosteroids, nasal saline irrigations, antibiotics, or antileukotriene agents)

E. HYPEREOSINOPHILIC SYNDROME (HES):
   1. 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]

F. CHRONIC OBSTRUCTIVE PULMONARY DISEASE:
   1. Documentation of positive clinical response as demonstrated by improvement in symptoms (e.g., dyspnea, wheezing, cough, sputum), or decreased severity or frequency of exacerbations
      AND
   2. Documentation Nucala (mepolizumab) will not be used as monotherapy for COPD

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

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

AGE RESTRICTIONS:
Severe Asthma: 6 years of age and older
Eosinophilic Granulomatosis with Polyangiitis: 18 years of age and older
Chronic rhinosinusitis with nasal polyps: 18 years of age and older
Hypereosinophilic syndrome: 12 years of age and older
COPD: 18 years of age and older

QUANTITY:
Severe asthma (eosinophilic phenotype):
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 polyangiitis: 300 mg (as 3 separate 100-mg injections) once every 4 weeks

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

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

COPD: 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 (mepolizumab) 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).
- Add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype
- The treatment of adult patients with eosinophilic granulomatosis with polyangiitis (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 1:
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 and not recommended for treatment.

Anticholinergic (LAMA)
Tiotropium bromide monohydrate (Spiriva Respimat)

Inhaled Corticosteroids (ICS) (list not all inclusive):
Beclometasone dipropionate (QVAR)
Budesonide DPI (Pulmicort Flexhaler)
Budesonide nebules (Pulmicort Respules)
Ciclesonide (Alvesco)
Fluticasone furoate (Arnuity Ellipta)
Fluticasone propionate (Flovent Diskus)
Fluticasone propionate (Flovent HFA)

Fluticasone propionate (ArmonAir Digihaler)
Flunisolide (Aerospan)
Mometasone furoate (Asmanex Twisthaler)
Mometasone furoate (Asmanex HFA)*
**HFA: hydrofluoroalkane propellant metered dose inhaler*
**DPI: dry powder inhaler*

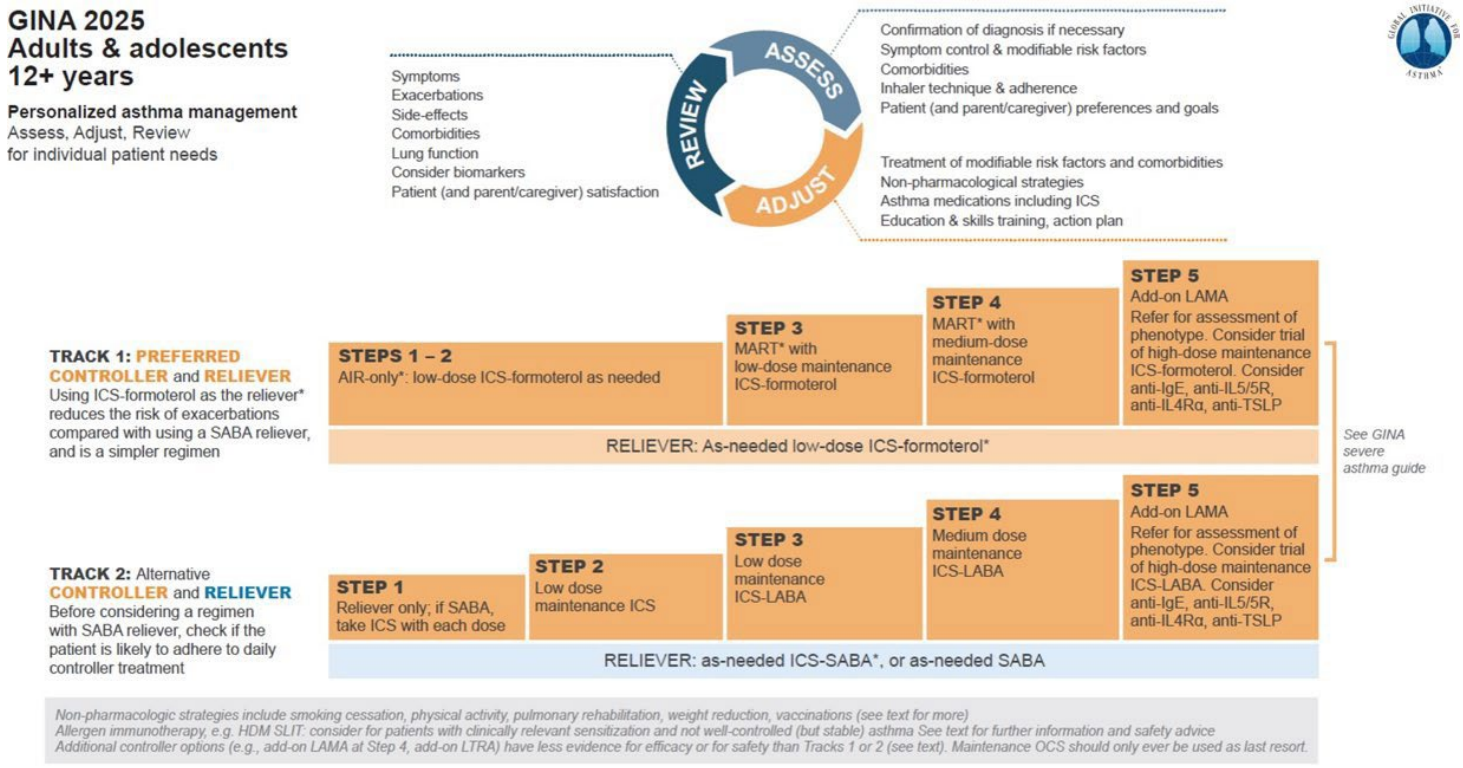
Combination Long-Acting Bronchodilator and Corticosteroid (ICS+ LABA) (list not all inclusive):
Budesonide/formoterol fumarate dihydrate (Symbicort)
Fluticasone propionate/salmeterol (Advair Diskus/ Adair HFA/ AirDuo/ AirDuo RespiClick/Wixela Inhub)
Fluticasone furoate/vilanterol(Breo Ellipta)
Mometasone furoate/formoterol fumarate dihydrate (Dulera)

Combination Anticholinergic and Corticosteroid and long-acting bronchodilator (ICS+ LAMA+ LABA)
Fluticasone/umeclidnium/vilanterol (Trelegy Elipta)
Budesonide/glycopyrrolate/formoterol (Breztri Aerosphere)

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.

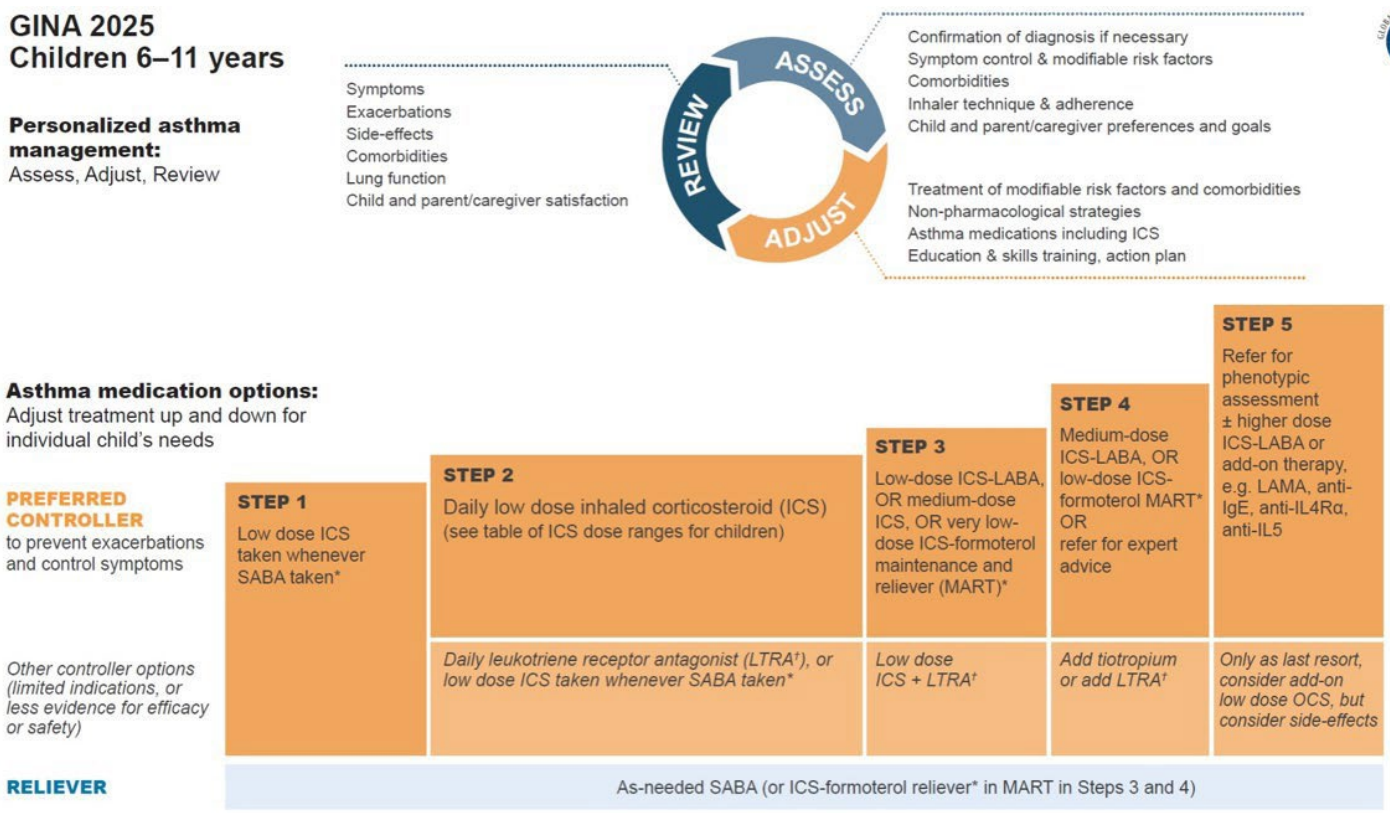
APPENDIX 2:
Managing Asthma in Adults and Adolescents 12+ Years



ABBREVIATIONS: AIR: anti-inflammatory reliever; HDM: house dust mite; ICS: inhaled corticosteroid; LABA: long-acting beta2-agonist; Ig: immunoglobulin; IL: interleukin; LAMA: long-acting muscarinic antagonist; LTRA: Leukotriene Receptor Antagonist; MART: maintenance-and-reliever therapy with ICS-formoterol; OCS: oral corticosteroids; SABA: short-acting

beta2-agonist; SLIT: sublingual immunotherapy; TSLP: thymic stromal lymphopoietin
REFERENCE: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

Managing Asthma in Children 6-11 Years



ABBREVIATIONS: ICS: inhaled corticosteroid; Ig: immunoglobulin; IL: interleukin; LABA: long-acting beta2-agonist; LTRA: Leukotriene Receptor Antagonist (advise about risk of neuropsychiatric adverse effects); MART: maintenance and reliever therapy with ICS-formoterol; OCS: oral corticosteroids; SABA: short-acting beta2-agonist
REFERENCE: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

APPENDIX 3: 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 (DPI, 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	200
Fluticasone propionate (DPI)	100-250	>250-500	>500
Fluticasone propionate (pMDI, standard particle, HFA)	100-250	>250-500	>500
Mometasone furoate (DPI)	Depends on DPI device – see product information		
Mometasone furoate (pMDI, standard particle, HFA)	200-400	200-400	>400

Reference: Box 4-2. 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, 2025. 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, or pMDI, standard particle, HFA)	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	N/A
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 4-2 . 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, 2025. 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 Polyangiitis (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, 2024)
Add-on biologic therapy: options recommended by GINA for patients with uncontrolled severe asthma despite optimized maximal therapy include:

- Add-on anti-immunoglobulin E treatment (omalizumab [Xolair]) for patients age ≥ 6 years with **severe allergic asthma** (Evidence A)
- Add-on anti-interleukin- 5/5R treatment (SC mepolizumab [Nucala] for patients age ≥ 6 years; IV

reslizumab [Cinqair] for ages ≥18 years or SC benralizumab [Fasenra] for ages ≥12 years), with **severe eosinophilic asthma** (Evidence A)
- Add-on anti-interleukin-4Rα treatment (SC dupilumab[Dupixent]) for patients aged ≥ 6 years with **severe eosinophilic/type 2 asthma** or for **patients requiring treatment with maintenance OCS** (Evidence A)
- Add-On anti-thymic stromal lymphopoietin (anti TSLP) treatment (subcutaneous tezepelumab [Tezspire]) for patients aged ≥12 years with **severe asthma** (Evidence A)
- 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.

No significant changes in 2025.

COPD

The efficacy of Nucala as add-on maintenance treatment for adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype was evaluated in two randomized, double-blind, placebo-controlled, multicenter trials (MATINEE [NCT04133909] and METREX [NCT02105948]). The two trials enrolled a total of 1640 adults who were randomized to receive NUCALA 100 mg or placebo administered subcutaneously every 4 weeks for a treatment duration of 52 to 104 weeks in MATINEE or 52 weeks in METREX. Both trials enrolled patients with a diagnosis of COPD with moderate to very severe airflow limitation (post-bronchodilator FEV1/FVC ratio < 0.7 and post-bronchodilator FEV1 of 20% to 80% predicted) and at least 2 moderate or 1 severe COPD exacerbation in the previous year despite receiving triple inhaled therapy.

In MATINEE, patients were required to have a minimum blood eosinophil count of 300 cell/mcL at screening. In METREX, there was no minimum blood eosinophil count requirement, but randomization was stratified by baseline blood eosinophil count: ≥150 cell/mcL at screening or ≥300 cell/mcL in the previous 12 months, or blood eosinophil count < 150 cells/mcL at screening with no evidence of blood eosinophil count ≥300 cell/mcL in the previous 12 months. There was insufficient data from METREX to support the efficacy of NUCALA in patients with COPD with blood eosinophil count < 150 cells/mcL at screening with no evidence of blood eosinophil count ≥300 cell/mcL in the previous 12 months. Thus, the efficacy population (N = 1266) included patients from MATINEE (n = 804) and patients from METREX who had a blood eosinophil count ≥150 cell/mcL at screening or ≥300 cell/mcL in the previous 12 months (n = 462).

The primary endpoint for the MATINEE and METREX trials was the annualized rate of moderate or severe exacerbations during the 52 to 104-week and 52-week treatment periods, respectively. Moderate exacerbations are defined per protocol as clinically significant exacerbations that require treatment with oral/systemic corticosteroids and/or antibiotics. Severe exacerbations are defined per protocol as clinically significant exacerbations that require in-patient hospitalization (i.e., ≥24 hours) or result in death. In both trials, Nucala demonstrated a statistically significant reduction in the annualized rate of moderate or severe exacerbations compared with placebo when added to triple inhaled therapy. The time to first event analysis showed a statistically significant reduction in the risk of moderate or severe exacerbation for patients receiving Nucala compared to placebo (HR: 0.77; 95% CI: 0.64, 0.93) through 104 weeks in MATINEE. Nucala reduced the annualized rate of COPD exacerbations requiring emergency department visits and/or hospitalization when compared with placebo (rate ratio [RR] of 0.65; 95% CI: 0.43, 0.96 [not statistically significant due to failure of an endpoint higher in the pre- defined testing hierarchy]) in MATINEE.

Nucala did not have FDA approval for COPD when the GOLD 2025 guidelines were published.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Nucala (mepolizumab) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Nucala (mepolizumab) include: history of hypersensitivity to mepolizumab or excipients in the formulation.

Exclusions/Discontinuation:
If the 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.
Underlying conditions or triggers for asthma or pulmonary disease must be maximally managed.
Do not use concurrently with any of the following: Xolair (omalizumab) OR other IL-5 inhibitors [benralizumab (Fasenra), Cinqair (reslizumab)] OR IL- 4 antagonist Dupixent (dupilumab) OR Anti-TSLP Tezspire (Tezepelumab-ekko)]

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J2182	Injection, mepolizumab, 1 mg

AVAILABLE DOSAGE FORMS:
Nucala SOLR 100MG single-dose vial
Nucala SOAJ 100MG/ML auto-injector
Nucala SOSY 100MG/ML pre-filled syringe
Nucala SOSY 40MG/0.4ML pre-filled syringe

REFERENCES

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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Contraindications/Exclusions/ Discontinuation References	Q4 2025
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Age Restrictions Quantity FDA-Approved Uses Background References	Q3 2025
REVISION- Notable revisions: Coding/Billing Information Template Update Required Medical Information Continuation of Therapy Prescriber Requirements Appendix References	Q4 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity Appendix Background Contraindications/Exclusions/Discontinuation References	Q4 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Appendix Background Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q4 2022
Q2 2022 Established tracking in new format	Historical changes on file