



## mepolizumab (Nucala®)

**Policy #** 00501

**Original Effective Date:** 02/17/2016

**Current Effective Date:** 11/13/2023

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

## When Services May Be Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider mepolizumab (Nucala®)<sup>‡</sup> for add-on maintenance treatment of severe asthma (eosinophilic phenotype), OR for the treatment of patients with eosinophilic granulomatosis with polyangiitis (EGPA), OR for the treatment of hypereosinophilic syndrome (HES), OR for the add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) to be **eligible for coverage.\*\***

### Asthma

#### Patient Selection Criteria

Coverage eligibility for mepolizumab (Nucala) will be considered for add-on maintenance treatment of severe asthma (eosinophilic phenotype) when the following criteria are met:

#### **Initial Authorization:**

- I. Nucala is being used for the treatment of severe asthma (eosinophilic phenotype); AND
- II. Patient is greater than or equal to 6 years of age; AND
- III. Nucala is NOT being used in combination with other monoclonal antibodies typically used to treat asthma [e.g., reslizumab (Cinqair®)<sup>‡</sup>, omalizumab (Xolair®), benralizumab (Fasenra<sup>™</sup>), dupilumab (Dupixent®)]<sup>‡</sup>; AND
- IV. Nucala is dosed at 100 mg every 4 weeks for those 12 years of age and older OR 40 mg every 4 weeks for those 6 to 11 years of age; AND
- V. Patient has a peripheral blood eosinophil count of  $\geq 150$  cells per microliter within the previous 6 weeks (prior to treatment with Nucala) OR a peripheral blood eosinophil count of  $\geq 300$  cells per microliter within the previous 12 months; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

VI. Patient has received at least 3 consecutive months of combination therapy with BOTH of the following (a and b):

*(Note that the 3 month timeframe is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met);*

- a) An inhaled corticosteroid (ICS), [e.g., fluticasone products (Flovent® HFA, Flovent® Diskus®, Arnuity™ Ellipta®, Armonair™ Respiclick®)†, mometasone products (Asmanex® Twisthaler®, Asmanex® HFA)†, flunisolide products (Aersopan™)†, ciclesonide products (Alvesco®)†, budesonide products (Pulmicort Flexhaler®)†, beclomethasone products (QVAR®)†]; AND

- b) At least ONE of the following (1, 2, 3, OR 4):

- 1) Inhaled long-acting beta-agonist (LABA), [e.g., salmeterol products (Serevent® Diskus)†, olodaterol products (Striverdi® Respimat®)†, indacaterol products (Arcapta™ Neohaler™)†]; OR

*Note: Use of a combination inhaler containing both an ICS and a LABA would fulfil the requirement for both criteria a.) and b.) [e.g., fluticasone propionate and salmeterol inhalation powder/aerosol (Advair® Diskus/HFA, fluticasone/salmeterol generics, Wixela™ Inhub, AirDuo™ Respiclick)†, budesonide and formoterol fumarate inhalation aerosol (Symbicort®)†, fluticasone furoate and vilanterol inhalation powder (Breo® Ellipta®)†, mometasone furoate and formoterol fumarate inhalation aerosol (Dulera®)†].*

- 2) Inhaled long-acting muscarinic antagonist (LAMA), [e.g., tiotropium bromide inhalation spray (Spiriva® Respimat®, Spiriva Handihaler®, Stiolto® Respimat)†, aclidinium products (Tudorza® Pressair®)†, glycopyrrolate products (Seebri™ Neohaler, Bevespi™ Aerosphere, Utibron™ Neohaler)†, umeclidinium products (Incruse® Ellipta, Anoro® Ellipta†]; OR

- 3) Leukotriene receptor antagonist (LTRA), [e.g., montelukast tablets/granules (Singulair®, generics), zafirlukast tablets (Accolate®)]†; OR

- 4) Theophylline (Theo-24, Uniphyll, TheoChron ER, generics); AND

VII. Patient's asthma continues to be uncontrolled as defined by ONE of the following (a, b, c, d, or e):

- a) Patient experienced two or more asthma exacerbations requiring treatment with systemic corticosteroids in the previous year; OR

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- b) Patient experienced one or more asthma exacerbation requiring hospitalization or an Emergency Department (ED) visit in the previous year; OR
- c) Patient has a forced expiratory volume in 1 second (FEV<sub>1</sub>) < 80% predicted; OR
- d) Patient has an FEV<sub>1</sub>/forced vital capacity (FVC) < 0.80; OR
- e) Patient's asthma worsens upon tapering of oral corticosteroid therapy.

### Re-Authorization

Coverage continuation for mepolizumab (Nucala) will be considered for add-on maintenance treatment of severe asthma (eosinophilic phenotype) when the following criteria are met:

- I. Patient received an initial authorization for the requested drug on the same requested benefit; AND
- II. Nucala is being used for the treatment of severe asthma (eosinophilic phenotype); AND
- III. Nucala is NOT being used in combination with other monoclonal antibodies typically used to treat asthma [e.g., reslizumab (Cinqair), omalizumab (Xolair), benralizumab (Fasenra), dupilumab (Dupixent)]; AND
- IV. Nucala is dosed at 100 mg every 4 weeks for those 12 years and older OR 40 mg every 4 weeks for those 6 to 11 years of age; AND
- V. Patient continues to receive the medications required in criterion VI. in the "Initial Criteria"; AND
- VI. Patient has responded to Nucala therapy as determined by the prescribing physician (e.g., decreased asthma exacerbations; decreased asthma symptoms; decreased hospitalizations, ED/urgent care, or physician visits due to asthma; decreased requirement for oral corticosteroid therapy.)

*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met)*

### Eosinophilic Granulomatosis with Polyangiitis

#### Patient Selection Criteria

Coverage eligibility for mepolizumab (Nucala) will be considered for the treatment of EGPA when the following criteria are met:

#### **Initial Authorization:**

- I. Patient has a diagnosis of EGPA; AND
- II. Patient is 18 years of age or older; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- III. Patient has tried and failed (e.g., intolerance or inadequate response) a corticosteroid (e.g., prednisone) for a minimum of 4 weeks unless there is clinical evidence or patient history that suggests the use of a corticosteroid for at least 4 weeks will be ineffective or cause an adverse reaction to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- IV. Patient has/had a blood eosinophil level of  $\geq 150$  cells per microliter within the previous 6 weeks or within 6 weeks prior to treatment with any anti-interleukin therapy [e.g., reslizumab (Cinqair), omalizumab (Xolair), benralizumab (Fasenra), dupilumab (Dupixent)]; AND
- V. Nucala is dosed at 300 mg every 4 weeks.

### Re-Authorization

Coverage continuation for mepolizumab (Nucala) will be considered for the treatment of EGPA when the following criteria are met:

- I. Patient received an initial authorization for the requested drug on the same requested benefit; AND
- II. Patient has a diagnosis of EGPA; AND
- III. Nucala is dosed at 300 mg every 4 weeks; AND
- IV. Patient has responded to Nucala therapy as determined by the prescribing physician (e.g., reduced rate of relapse, corticosteroid dose reduction, reduced eosinophil levels).  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*

### Hypereosinophilic Syndrome

#### Patient Selection Criteria

Coverage eligibility for mepolizumab (Nucala) will be considered for the treatment of HES when the following criteria are met:

#### Initial Authorization:

- I. Patient has a diagnosis of HES; AND
- II. HES has been present for at least 6 months; AND
- III. HES does NOT have an identifiable non-hematologic secondary cause (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy) AND patient does NOT have *FIP1L1-PDGFR $\alpha$*  kinase-positive HES; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- IV. Patient is 12 years of age or older; AND
- V. Patient has a blood eosinophil level of  $\geq 1,000$  cells per microliter prior to therapy; AND
- VI. Patient has been on stable therapy for HES and will continue HES therapy (oral steroids, immunosuppressive agents, and/or cytotoxic agents); AND  
*(Note that this specific patient selection criterion is an additional Company requirement, based on clinical trials, and will be denied as not medically necessary\*\* if not met.)*
- VII. Patient has experienced at least 2 HES flares within the past 12 months (at least one of which is unrelated to a decrease in HES therapy in the 4 weeks prior to the flare). An HES flare is defined as HES related worsening of clinical symptoms or blood eosinophil counts requiring an escalation of therapy; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility, based on clinical trials, and will be denied as not medically necessary\*\* if not met.)*
- VIII. Nucala is dosed at 300 mg every 4 weeks.

## Re-Authorization

Coverage continuation for mepolizumab (Nucala) will be considered for the treatment of HES when the following criteria are met:

- I. Patient received an initial authorization for the requested drug on the same requested benefit; AND
- II. Patient has a diagnosis of HES; AND
- III. Nucala is dosed at 300 mg every 4 weeks; AND
- IV. Patient has responded to Nucala therapy as determined by the prescribing physician (e.g., reduced rate of flares, improvement in symptoms, etc.).  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*

## Chronic Rhinosinusitis with Nasal Polyps

### Patient Selection Criteria

Coverage eligibility for mepolizumab (Nucala) will be considered for the treatment of CRSwNP when the following criteria are met:

### Initial Authorization

- I. Patient has inadequately controlled chronic rhinosinusitis with nasal polyps; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala<sup>®</sup>)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- II. Patient is 18 years of age or older; AND
- III. Patient has recurrent polyposis after at least ONE surgical resection (unless resection is contraindicated); AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- IV. Patient's nasal polyposis has been confirmed as grade 3 or higher with nasal endoscopy; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- V. Patient's polyposis recurrence occurred within 6 months of at least one high dose oral steroid taper after the most recent resection unless there is clinical evidence or patient history that suggests the use of a high dose oral steroid taper will be ineffective or cause an adverse effect to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- VI. Patient has tried and failed (e.g., intolerance or inadequate response) BOTH fluticasone 50 mcg (generic OR over the counter) AND GENERIC mometasone after least 30 days with EACH product unless there is clinical evidence or patient history that suggests the use of these nasal sprays will be ineffective or cause an adverse effect to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- VII. Patient has tried and failed (e.g., intolerance or inadequate response) Xhance<sup>®</sup> (fluticasone 93 mcg) after at least 30 days of therapy unless there is clinical evidence or patient history that suggests the use of Xhance (fluticasone 93 mcg) will be ineffective or cause an adverse effect to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- VIII. Patient has tried and failed (e.g., intolerance or inadequate response) GENERIC montelukast after at least 30 days of therapy unless there is clinical evidence or patient history that suggests the use of GENERIC montelukast will be ineffective or cause an adverse effect to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- IX. Patient has tried and failed (e.g., intolerance or inadequate response) dupilumab (Dupixent) after at least 3 months of therapy unless there is clinical evidence or patient history that suggests the use of dupilumab (Dupixent) will be ineffective or cause an adverse reaction to the patient; AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- X. Patient will continue to use an intra-nasal corticosteroid (e.g., fluticasone, mometasone, Xhance) in combination with Nucala (if the intra-nasal corticosteroid was tolerated); AND
- XI. Requested drug is NOT being used in combination with other monoclonal antibodies typically used to treat nasal polyps (e.g., omalizumab [Xolair], dupilumab [Dupixent]); AND
- XII. Nucala is dosed at 100 mg every 4 weeks.

### Re-Authorization

Coverage continuation for mepolizumab (Nucala) will be considered for the treatment of CRSwNP when the following criteria are met:

- I. Patient has received an initial authorization; AND
- II. Patient will continue to use an intra-nasal corticosteroid (e.g., fluticasone, mometasone, Xhance) in combination with Nucala (if the intra-nasal corticosteroid was tolerated); AND
- III. Requested drug is NOT being used in combination with other monoclonal antibodies typically used to treat nasal polyps (e.g., omalizumab [Xolair], dupilumab [Dupixent]); AND
- IV. Patient has responded to requested therapy as determined by the prescribing physician (e.g., decrease in nasal polyps, decreased congestion/obstruction, etc.); AND  
*(Note that this specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary\*\* if not met.)*
- V. Nucala is dosed at 100 mg every 4 weeks.

### When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for severe asthma when the patient has NOT been on the pre-requisite medications for at least 3 consecutive months to be **not medically necessary.\*\***

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for EGPA when the patient has NOT tried and failed a corticosteroid for a minimum of 4 weeks to be **not medically necessary.\*\***

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for HES when the patient has NOT been on stable therapy for HES OR will NOT continue HES therapy to be **not medically necessary.\*\***

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for HES when the patient has NOT experienced at least 2 HES flares within the past 12 months to be **not medically necessary.\*\***

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for CRSwNP when the patient has NOT met any of the following criteria to be **not medically necessary.\*\***

- Patient has recurrent polyposis after at least ONE surgical resection (unless resection is contraindicated)
- Patient's nasal polyposis has been confirmed as grade 3 or higher with nasal endoscopy
- Patient's polyposis recurrence occurred within 6 months of at least one high dose oral steroid taper after the most recent resection
- Patient has tried and failed BOTH fluticasone 50 mcg (generic OR over the counter) AND GENERIC mometasone after least 30 days with EACH product
- Patient has tried and failed Xhance (fluticasone 93 mcg) after at least 30 days of therapy
- Patient has tried and failed GENERIC montelukast after at least 30 days of therapy
- Patient has tried and failed dupilumab (Dupixent) after at least 3 months of therapy

Based on review of available data, the Company considers the continued use of mepolizumab (Nucala) when the patient has NOT responded to Nucala therapy as determined by the prescribing physician to be **not medically necessary.\*\***

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

## When Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers the use of mepolizumab (Nucala) when the patient selection criteria are not met (with the exception of those denoted above as **not medically necessary\*\***) to be **investigational**.\*

Based on review of available data, the Company considers the use of mepolizumab (Nucala) for indications other than the add-on maintenance treatment of severe asthma (eosinophilic phenotype), OR the treatment of EGPA, OR the treatment of HES, OR the add-on maintenance treatment of CRSwNP to be **investigational**.\*

## Background/Overview

Nucala is an interleukin-5 (IL-5) antagonist monoclonal antibody (IgG1 kappa) indicated for add-on maintenance treatment of patients with severe asthma aged 6 years and older (with an eosinophilic phenotype), for the treatment of adults with EGPA, for the treatment of adult and pediatric patients aged 12 years and older with HES for greater than or equal to 6 months without an identifiable non-hematologic secondary cause, and for the add-on maintenance treatment of adult patients with CRSwNP. IL-5 is the major cytokine responsible for the growth and differentiation, recruitment, activation, and survival of eosinophils. Nucala binds to IL-5, inhibiting the bioactivity of IL-5 by blocking its binding to the alpha chain of the IL-5 receptor complex expressed on the eosinophil cell surface. Inflammation is an important component in the pathogenesis of asthma, CRSwNP, EGPA, and HES. Multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, lymphocytes) and mediators (e.g., histamine, eicosanoids, leukotrienes, cytokines) are involved in inflammation. Nucala, by inhibiting IL-5 signaling, reduces the production and survival of eosinophils; however, the mechanism of action in asthma, CRSwNP, EGPA, and HES has not been definitively established. Nucala is provided in 100 mg lyophilized powder in a single-dose vial for reconstitution as well as a 100 mg/mL single dose prefilled autoinjector or single dose prefilled syringe. Nucala is also available in a 40 mg/0.4 ml prefilled syringe. The Nucala 100 mg/ml vial should be reconstituted and administered by a healthcare professional, however the autoinjector and prefilled syringe can be self-administered. The 40 mg/0.4 ml prefilled syringe must be administered by a healthcare provider or the patient caregiver. The dosing of Nucala is 100 mg administered subcutaneously (SC) once every 4 weeks in severe asthma for those 12 years of age and older and 40 mg subcutaneously once

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

every 4 weeks for those 6-11 years of age. For those 6-11 years of age with eosinophilic asthma, only the vial or 40 mg/0.4 ml prefilled syringe should be used for dosing. For EGPA and HES, Nucala is dosed at 300 mg administered subcutaneously once every 4 weeks. For CRSwNP, Nucala is dosed at 100 mg administered subcutaneously once every 4 weeks.

## **Asthma**

Asthma is a respiratory disorder characterized by increased responsiveness of the trachea and bronchi to various stimuli resulting in the narrowing of the airways, along with mucous secretion. Symptoms vary in severity and intensity and include wheezing, cough and dyspnea. Attacks can be triggered by exercise, allergens, irritants and viral infections. Based on symptoms, the four levels of asthma severity are:

- Mild intermittent (comes and goes)—you have episodes of asthma symptoms twice a week or less, and you are bothered by symptoms at night twice a month or less; between episodes, however, you have no symptoms and your lung function is normal.
- Mild persistent asthma—you have asthma symptoms more than twice a week, but no more than once in a single day. You are bothered by symptoms at night more than twice a month. You may have asthma attacks that affect your activity.
- Moderate persistent asthma—you have asthma symptoms every day, and you are bothered by nighttime symptoms more than once a week. Asthma attacks may affect your activity.
- Severe persistent asthma—you have symptoms throughout the day on most days, and you are bothered by nighttime symptoms often. In severe asthma, your physical activity is likely to be limited.

Treatment of asthma is based on a step up and step down approach based on the asthma severity and symptoms. Medications include short acting beta agonists for fast relief. Long term treatment centers around the use of ICSs and possible addition of medications such as long acting beta agonists, LTRAs, inhaled long acting muscarinic antagonists, or theophylline.

## **Eosinophilic Granulomatosis with Polyangiitis**

EGPA is a rare, idiopathic vasculitis that affects small to medium sized vessels. The prevalence of this condition is estimated to be around 11 to 14 cases per million persons. There are three phases of EGPA: allergic phase, eosinophilic phase, and a vasculitic phase. The allergic phase includes the development of asthma, allergic rhinitis, and sinusitis. During the eosinophilic phase, there is an

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

increase in the eosinophil count and eosinophilic infiltration (typically in the lungs heart, and gastrointestinal system). During the vasculitis phase, patients experience necrotizing vasculitis as well as extravascular granulomatosis and symptoms including fever, malaise, and weight loss. Cardiac sequelae are the main cause of death in these patients as one of the most detrimental manifestations of EGPA are cardiac related (myocardial infarction, pericarditis, or congestive heart failure). Corticosteroids are the primary treatment of EGPA with most patients requiring continuous therapy (although still experiencing relapse). Other medications used include cyclophosphamide, azathioprine, methotrexate, etc, however no large randomized trials have been performed to effectively guide therapy beyond the use of corticosteroids. Current guidelines do not address newer interleukin products for EGPA.

### **Hypereosinophilic Syndrome**

HES is a rare heterogenous disorder characterized by a persistent hypereosinophilia which can lead to organ dysfunction due to the eosinophil infiltration into the tissues. Due to the complex classification of HES, it is difficult to assess incidence and prevalence, but some estimates point to roughly 5,000 HES patients in the United States. The exact mechanism of this condition is unknown. There are known mechanisms due to mutations in certain genes, such as PFGFRA. Clinical manifestations of this condition are wide-ranging. Symptoms can include fatigue, cough, dyspnea, rhinitis, anemia, rash, fever, myalgia, angioedema, abdominal pain, diarrhea, other gastrointestinal distress, pleural effusion, and cardiac manifestations including valvular disease, endomyocardial fibrosis, or pericarditis. Dermatological symptoms have also been reported in patients. Multiple signs of organ damage/dysfunction can potentially be associated with HES including fibrosis, thrombosis, erythema, angioedema, or neuropathy without a clear link to a root cause. Treatment options for patients with HES include corticosteroids or cytotoxic agents (e.g., hydroxyurea, cyclophosphamide) or immunomodulators (e.g., cyclosporine) as second-line agents.

### **Chronic Rhinosinusitis with Nasal Polyps**

Chronic rhinosinusitis is an inflammatory condition involving the nasal sinuses and the lining of the nasal passages. Chronic rhinosinusitis often involves nasal drainage, nasal obstruction, facial pain and/or pressure and decreased sense of smell. Chronic rhinosinusitis with nasal polyposis is characterized by the presence of bilateral nasal polyps in the middle meatus. As imagined, these polyps lead to worsening nasal congestion, pressure, drainage, etc. Treatments for chronic rhinosinusitis with nasal polyposis includes various treatment modalities including, but not limited to, intranasal saline, intranasal steroids, oral steroids, surgery, non-sedating antihistamines, anti-

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

leukotriene agents, and for those who have failed these more traditional therapies, a biologic agent such as Dupixent or Nucala.

## **FDA or Other Governmental Regulatory Approval**

### **U.S. Food and Drug Administration (FDA)**

Nucala was approved in late 2015 for add-on maintenance treatment of patients with severe asthma aged 12 years and older, with an eosinophilic phenotype. In late 2017, Nucala was approved for the treatment of adults with EGPA. In 2019, the asthma indication was expanded to include patients aged 6 years and older. In 2020, Nucala was approved for the treatment of patients 12 years of age or older with HES. In 2021, Nucala was approved for the add on maintenance treatment of adult patients with CRSwNP.

## **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

### **Asthma - 12 Years of Age and Older**

The safety and efficacy of Nucala was studied in three randomized, double-blind, randomized, placebo-controlled trials. One trial was a dose ranging and exacerbation trial and the other two were confirmatory trials. Nucala was given as add-on therapy in all trials and patients continued taking their other asthma medications throughout the trial.

Trial 1 was a 52-week dose-ranging and exacerbation-reduction trial in subjects with asthma with a history of 2 or more exacerbations in the previous year despite regular use of high-dose ICSs plus an additional controller(s) with or without oral corticosteroids. Three IV doses of Nucala (75, 250, and 750 mg) administered once every 4 weeks were evaluated compared with placebo. Results from this trial and the pharmacodynamic study supported the evaluation of mepolizumab 75 mg IV (intravenous) and 100 mg subcutaneously in the subsequent trials. Nucala is not indicated for IV use and should only be administered by the subcutaneous route.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

A total of 711 subjects with asthma were studied in the 2 confirmatory trials (Trials 2 and 3). In these 2 trials subjects were required to have blood eosinophils of greater than or equal to 150 cells/mcL at screening (within 6 weeks of dosing) or blood eosinophils of greater than or equal to 300 cells/mcL within 12 months of enrollment. Trial 2 was a 32-week placebo- and active-controlled trial in subjects with asthma with a history of 2 or more exacerbations in the previous year despite regular use of high-dose ICSs plus an additional controller(s) with or without oral corticosteroids. Subjects received mepolizumab 75 mg IV (n = 191), Nucala 100 mg subcutaneously (n = 194), or placebo (n = 191) once every 4 weeks for 32 weeks.

The primary endpoint for Trials 1 and 2 was the frequency of exacerbations defined as worsening of asthma requiring use of oral/systemic corticosteroids and/or hospitalization and/or ED visits. For subjects on maintenance oral corticosteroids, an exacerbation requiring oral corticosteroids was defined as the use of oral/systemic corticosteroids at least double the existing dose for at least 3 days. Compared with placebo, subjects receiving Nucala 100 mg subcutaneously or mepolizumab 75 mg IV experienced significantly fewer exacerbations. Additionally, compared with placebo, there were fewer exacerbations requiring hospitalization and/or ED visits and exacerbations requiring only inpatient hospitalization with Nucala. In Trial 2, the exacerbation rate was 1.74 in the placebo group vs. 0.83 in the Nucala group (rate ratio of 0.47, 95% confidence interval [CI 0.35, 0.64]). In Trial 2, the exacerbation rate requiring hospitalization/ED visit was 0.20 in the placebo group vs. 0.08 in the Nucala group (rate ratio of 0.39, 95% CI [0.18, 0.83]). In Trial 2, the exacerbation rate requiring hospitalization was 0.10 in the placebo group vs. 0.03 in the Nucala group (rate ratio of 0.31, 95% CI [0.11, 0.91]).

Trial 3 was a 24-week oral corticosteroid-reduction trial in subjects with asthma who required daily oral corticosteroids in addition to regular use of high-dose ICSs plus an additional controller(s) to maintain asthma control. The purpose of Trial 3 was to evaluate the effect of Nucala on reducing the use of maintenance oral corticosteroids. Subjects in Trial 3 were not required to have a history of exacerbations in the prior year. Subjects received Nucala 100 mg subcutaneously (n = 69) or placebo (n = 66) once every 4 weeks for 24 weeks. The primary endpoint was the percent reduction of oral corticosteroid dose during Weeks 20 to 24 compared with baseline dose, while maintaining asthma control. Compared with placebo, subjects receiving Nucala achieved greater reductions in daily maintenance oral corticosteroid dose, while maintaining asthma control. Sixteen (23%) subjects in the group receiving Nucala versus 7 (11%) in the placebo group had a 90% to 100% reduction in their oral corticosteroid dose. Twenty-five (36%) subjects in the group receiving Nucala versus 37

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

(56%) in the placebo group were classified as having no improvement for oral corticosteroid dose. Additionally, 54% of subjects treated with Nucala achieved at least a 50% reduction in the daily prednisone dose compared with 33% of subjects treated with placebo (95% CI for difference: 4%, 37%).

Change from baseline in mean FEV<sub>1</sub> was measured in all 3 trials. Compared with placebo, Nucala did not provide consistent improvements in mean change from baseline in FEV<sub>1</sub>.

### **Asthma – 6 to 11 Years of Age**

Use of Nucala in children aged 6 to 11 years with severe asthma, and with an eosinophilic phenotype, is supported by evidence from adequate and well-controlled trials in adults and adolescents with additional pharmacokinetic, pharmacodynamic, and safety data in children aged 6 to 11 years. A single, open-label clinical trial was conducted in 36 children aged 6 to 11 years (mean age: 8.6 years, 31% female) with severe asthma. Enrollment criteria were the same as for adolescents in the 32-week exacerbation trial (Trial 2). Based upon the pharmacokinetic data from this trial, a dose of 40 mg subcutaneously every 4 weeks was determined to have similar exposure to adults and adolescents administered a dose of 100 mg subcutaneously. The efficacy of Nucala in children aged 6 to 11 years is extrapolated from efficacy in adults and adolescents with support from pharmacokinetic analyses showing similar drug exposure levels for 40 mg administered subcutaneously every 4 weeks in children aged 6 to 11 years compared with adults and adolescents. The safety profile and pharmacodynamic response observed in this trial for children aged 6 to 11 years were similar to that seen in adults and adolescents.

### **Eosinophilic Granulomatosis with Polyangiitis**

The 52 week study for EGPA was randomized, placebo-controlled, multicenter, and included 136 subjects. Subjects received 300 mg of Nucala or placebo once every 4 weeks while continuing their stable oral corticosteroid therapy. At week 4, the oral corticosteroids were tapered at the discretion of the investigator. The co-primary endpoints were the total accrued duration of remission over the 52 week treatment period, defined as Birmingham Vasculitis Activity Score (BVAS) = 0 (no active vasculitis) plus prednisolone or prednisone dose less than or equal to 4 mg/day, and the proportion of subjects in remission at both week 36 and 48 of treatment.

Subjects receiving 300 mg of Nucala achieved a significantly greater accrued time in remission compared with placebo. A significantly higher proportion of subjects receiving 300 mg of Nucala

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

achieved remission at both Week 36 and Week 48 compared with placebo. In addition, significantly more subjects receiving 300 mg of Nucala achieved remission within the first 24 weeks and remained in remission for the remainder of the 52-week study treatment period compared with placebo (19% for 300 mg of Nucala versus 1% for placebo; OR 19.7; 95% CI:2.3, 167.9). Additionally, a statistically significant benefit for these endpoints was demonstrated using remission defined as BVAS = 0 plus prednisolone/prednisone  $\leq 7.5$  mg/day.

The time to first relapse (defined as worsening related to vasculitis, asthma, or sino-nasal symptoms requiring an increase in dose of corticosteroids or immunosuppressive therapy or hospitalization) was significantly longer for subjects receiving 300 mg of Nucala compared with placebo with a hazard ratio of 0.32 (95% CI: 0.21, 0.5). Additionally, subjects receiving 300 mg of Nucala had a reduction in rate of relapse compared with subjects receiving placebo (rate ratio 0.50; 95% CI: 0.36, 0.70 for 300 mg of Nucala compared with placebo). The incidence and number of relapse types (vasculitis, asthma, sino-nasal) were numerically lower with mepolizumab compared with placebo.

Subjects receiving 300 mg of Nucala had a significantly greater reduction in average daily oral corticosteroid dose compared with subjects receiving placebo during Weeks 48 to 52

## **Hypereosinophilic Syndrome**

A total of 108 adult and adolescent patients aged 12 years and older with HES for at least 6 months were evaluated in a randomized, double-blind, placebo-controlled, multicenter, 32-week trial. Patients with non-hematologic secondary HES (e.g., drug hypersensitivity, parasitic helminth infection, HIV infection, non-hematologic malignancy) or *FIP1L1-PDGFR $\alpha$*  kinase-positive HES were excluded from the trial. Patients received 300 mg of Nucala or placebo subcutaneously once every 4 weeks while continuing their stable HES therapy. Patients entering the trial had experienced at least 2 HES flares within the past 12 months and a blood eosinophil count of 1,000 cells/mcL or higher during screening. Historical HES flares for the trial entry criteria were defined as HES-related worsening of clinical symptoms or blood eosinophil counts requiring an escalation in therapy. Patients must have been on stable HES therapy for the 4 weeks prior to randomization. HES therapy could include chronic or episodic oral corticosteroids (OCS), immunosuppressive, or cytotoxic therapy. The efficacy of Nucala in HES was established based upon the proportion of patients who experienced a HES flare during the 32-week treatment period. A HES flare was defined as worsening of clinical signs and symptoms of HES or increasing eosinophils (on at least 2 occasions), resulting in the need to increase steroids or increase/add cytotoxic or immunosuppressive HES therapy.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

The trial compared the proportion of patients who experienced a HES flare or withdrew from the trial in the Nucala and placebo treatment groups. Over the 32-week treatment period, the incidence of HES flare over the treatment period was 56% for the placebo group and 28% for the group treated with Nucala (50% reduction).

### **Chronic Rhinosinusitis with Nasal Polyps**

A total of 407 adult patients with CRSwNP were evaluated in a randomized, double-blind, placebo-controlled, multicenter, 52-week trial. Patients received Nucala 100 mg or placebo administered subcutaneously once every 4 weeks while continuing nasal corticosteroid therapy. Patients must have received background nasal corticosteroid for  $\geq 8$  weeks pre-screening. Patients had recurrent and symptomatic CRSwNP, and had at least 1 surgery for the removal of nasal polyps within the previous 10 years. Patients were required to have nasal obstruction symptoms with a visual analog scale (VAS) score of  $>5$  out of a maximum score of 10. Patients were also required to have an endoscopic bilateral nasal polyp score (NPS) of  $\geq 5$  out of 8 with NPS  $\geq 2$  in each nasal cavity. Patients reported nasal obstruction VAS scores daily by placing a single mark on a continuous line labeled from 0 (none) to 100 (as bad as you can imagine). The distance along the line was converted to a 0 to 10 point scale for scoring. For NPS, polyps on each side of the nose were graded on a categorical scale (0 = no polyps, 1 = small polyps in the middle meatus not reaching below the inferior border of the middle concha, 2 = polyps reaching below the lower border of the middle turbinate, 3 = large polyps reaching the lower border of the inferior turbinate or polyps medial to the middle concha, 4 = large polyps causing almost complete congestion/obstruction of the inferior meatus) for a total score of 0 to 8. The co-primary endpoints were change from baseline to Week 52 in total endoscopic NPS (0 to 8 scale) as graded by independent blinded assessors and change from baseline in nasal obstruction VAS score (0 to 10 scale) during Weeks 49 to 52.

Patients who received Nucala 100 mg had a statistically significant improvement (decrease) in bilateral NPS (-0.87 in the Nucala group vs. 0.06 in the placebo group) at Week 52 and nasal obstruction VAS score (-4.40 in the Nucala group vs. -2.54 in the placebo group) from Weeks 49 to 52 at the end of the 52 week treatment period

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

## **References**

1. Nucala [package insert]. GlaxoSmithKline. Philadelphia, PA. Updated January 2022.
2. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3). National Heart, Lung, and Blood Institute. [www.nhlbi.nih.gov/guidelines/asthma](http://www.nhlbi.nih.gov/guidelines/asthma)
3. Diny NL, Rose NR, Cihakova D. Eosinophils in autoimmune diseases. *Front Immunol.* 2017;8(484):1-14.
4. Gioffredi A, Maritati F, Oliva E, et al. Eosinophilic granulomatosis with polyangiitis: an overview. *Front Immunol.* 2014;5(549):1-7
5. Groh M, Pagnoux C, Baldini C, et al. Eosinophilic granulomatosis with polyangiitis (Churg-Strauss) (EGPA) consensus task force recommendations for evaluation and management. *Eur J Int Med.* 2015;26(7):545-553.
6. Yates M, Watts RA, Bajema IM, et al. EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis. *Ann Rheum Dis.* 2016;75:1583-1594.
7. Wechsler ME, Akuthota P, Jayne D. Mepolizumab or placebo for eosinophilic granulomatosis with polyangiitis. *N Engl J Med.* 2017;376(20):1921-1932.
8. Vaglio A, Buzio C, Zwerina J. Eosinophilic granulomatosis with polyangiitis (Churg-Strauss): state of the art. *Allergy.* 2013;68(3):261-273.
9. Bachert C, Sousa AR, Lund VJ, et al. Reduced need for surgery in severe nasal polyposis with mepolizumab: randomized trial. *J Allergy Clin Immunol.* 2017;140(4):1024-1031.
10. Nucala [dossier]. GlaxoSmithKline. Philadelphia, PA. October 2020.

## **Policy History**

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

02/04/2016	Medical Policy Committee review
02/17/2016	Medical Policy Implementation Committee approval. New Policy.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes and HCPCS code update
02/02/2017	Medical Policy Committee review
02/15/2017	Medical Policy Implementation Committee approval. Clarified that Nucala should not be used along with other monoclonal antibodies used to treat asthma.
02/01/2018	Medical Policy Committee review

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

- 02/21/2018 Medical Policy Implementation Committee approval. Added a new indication and criteria: eosinophilic granulomatosis with polyangiitis. Updated background info and rationale to reflect the new indication.
- 02/07/2019 Medical Policy Committee review
- 02/20/2019 Medical Policy Implementation Committee approval. Added Dupixent as a drug that can't be used in combination.
- 11/07/2019 Medical Policy Committee review
- 11/13/2019 Medical Policy Implementation Committee approval. Updated policy to reflect the FDA indication age expansion from 12 years and older to 6 years and older for the eosinophilic asthma indication.
- 12/03/2020 Medical Policy Committee review
- 12/09/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 01/07/2021 Medical Policy Committee review
- 01/13/2021 Medical Policy Implementation Committee approval. Added a new FDA approved indication, hypereosinophilic syndrome, and updated relevant background information.
- 01/06/2022 Medical Policy Committee review
- 01/12/2022 Medical Policy Implementation Committee approval. Added criteria for a new FDA approved indication, chronic rhinosinusitis with nasal polyps. Updated relevant sections with information regarding the new indication.
- 10/06/2022 Medical Policy Committee review
- 10/11/2022 Medical Policy Implementation Committee approval. Added new dosage form, Nucala 40 mg/ml prefilled syringe, to policy for use in pediatric patients 6-11 years of age.
- 10/05/2023 Medical Policy Committee review
- 10/11/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2024

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

## **Coding**

*The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

*The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPSCS	J2182 Delete codes effective 11/01/2023: J3490, J3590
ICD-10 Diagnosis	All related diagnoses

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  1. Consultation with technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

**\*\*Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





# Louisiana

mepolizumab (Nucala®)

Policy # 00501

Original Effective Date: 02/17/2016

Current Effective Date: 11/13/2023

**NOTICE:** If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.