

## Nucala® (mepolizumab) (Subcutaneous)

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### I. Length of Authorization

Coverage is provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- 100 mg/mL single-dose vial for injection: 3 vials every 28 days
- 100 mg/mL single-dose prefilled autoinjector or syringe for injection: 3 autoinjectors or syringes every 28 days
- 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 <sup>1</sup>

Coverage is provided in the following conditions:

#### Universal Criteria <sup>1</sup>

- Must not be used in combination with another anti-IgE, anti-IL4, or anti-IL5 monoclonal antibody (e.g., benralizumab, omalizumab, reslizumab, dupilumab, etc.); AND

Severe Asthma † <sup>1-3,7,10,12,13</sup>

- Patient is at least 6 years of age; **AND**
- Patient must have severe\* disease; **AND**
- Patient must have asthma with an eosinophilic phenotype defined as blood eosinophils  $\geq 300$  cells/ $\mu$ L within previous 12 months or  $\geq 150$  cells/ $\mu$ L 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<sub>1</sub>)

#### **Eosinophilic Granulomatosis with Polyangiitis (EGPA)/Churg-Strauss Syndrome † $\Phi$ 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  $\geq 150$  cells/ $\mu$ L 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) † $\Phi$ 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-PDGFR $\alpha$  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  $\geq 1000$  cells/ $\mu\text{L}$  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) †<sup>1,15,16</sup>**

- 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 four (4) of the following indicators for biologic treatment [*Note: Patients with a history of sino-nasal surgery are only required to have at least three (3) of the indicators*]:
  - Patient has evidence of type 2 inflammation (i.e., biological biomarkers indicating immune dysregulation and epithelial barrier dysfunction)
  - Patient has required two or more short courses of systemic corticosteroids within the previous year
  - 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 is contraindicated

#### **\*Components of severity for classifying asthma as severe may include any of the following (not all inclusive).<sup>2</sup>**

- 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<sub>1</sub>) <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:<sup>6</sup>

- History or presence of asthma
- Blood eosinophil level > 10% or an absolute eosinophil count >1000 cells/mm<sup>3</sup>
- 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); Ⓢ Orphan Drug

#### IV. Renewal Criteria<sup>1-3,5-7,10,11,15</sup>

- 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, 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<sub>1</sub>)

##### Eosinophilic Granulomatosis with Polyangiitis/Churg-Strauss Syndrome

- Disease response as indicated by improvement in signs and symptoms compared to baseline as evidenced in 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

- 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 <sup>1</sup>

Indication	Dose
Severe Asthma with Eosinophilic Phenotype	<u>Pediatric Patients Aged 6 to 11 years (100 mg single-dose vial or 40 mg/0.4 mL single-dose prefilled syringe ONLY)§:</u> 40 mg administered subcutaneously once every 4 weeks <u>Adults and Adolescents Aged 12 years and older:</u> 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:

- 100 mg/mL lyophilized powder single-dose vial: 00173-0881-xx
- 100 mg/mL single-dose prefilled autoinjector or syringe (cartons of 1): 00173-0892-xx
- 40 mg/0.4 mL single-dose prefilled syringe (cartons of 1): 00173-0904-xx

## VII. References

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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D72.110	Idiopathic hypereosinophilic syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.119	Hypereosinophilic syndrome [HES], unspecified
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
J45.50	Severe persistent asthma, uncomplicated
J82.81	Eosinophilic pneumonia, NOS
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
M30.1	Polyarteritis with lung involvement [Churg-Strauss]



## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC



# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມື້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).