

Drug Name: Nucala (mepolizumab) Revised Date: 12/2018

Drug Name:	Nucala (mepolizumab)
Exclusion	n/a
Criteria:	
Required Medical Information:	
	 Eosinophilic Asthma Authorization of 12 months may be granted for treatment of eosinophilic asthma when all of the following criteria are met: Member is 12 years of age or older. Member has a baseline blood eosinophil count of at least 150 cells per microliter. Member has a history of severe asthma despite current treatment with both of the following medications at optimized doses: Inhaled corticosteroid Additional controller (long acting beta₂-agonist, leukotriene modifier, or sustained-release theophylline)
	 Eosinophilic Granulomatosis with Polyangiitis Authorization of 12 months may be granted for treatment of eosinophilic granulomatosis with polyangiitis when all of the following criteria are met: Member is 18 years of age or older. Member has a history or the presence of an eosinophil count of more than 1000 cells per microliter or a blood eosinophil level of greater than 10%.
Renewal Criteria	 Eosinophilic asthma Authorization of 12 months may be granted for continuation of treatment of eosinophilic asthma when all of the following criteria are met: Member is 12 years of age or older.
	 Asthma control has improved on Nucala treatment as demonstrated by either: A reduction in the frequency or severity of symptoms and exacerbations, OR a reduction in the daily maintenance oral corticosteroid dose
	Eosinophilic Granulomatosis with Polyangiitis Authorization of 12 months may be granted for continuation of treatment of eosinophilic granulomatosis with polyangiitis when all of the following criteria are met:
	Member is 18 years of age or older.Member has beneficial response to treatment with Nucala as



demonstrated by any of the following:

- o A reduction in the frequency of relapses, or
- o A reduction in the daily oral corticosteroid dose, or
- o No active vasculitis