

CRITERIA FOR PRIOR AUTHORIZATION

Nucala® (mepolizumab)

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Mepolizumab (Nucala)

CRITERIA FOR INITIAL PRIOR AUTHORIZATION FOR MEPOLIZUMAB: (must meet all of the following)

- Patient must have a diagnosis of severe asthma
- Patient must be 12 years of age or older
- Patient must have blood eosinophils of greater than or equal to 150 cells/mcL
- Must be prescribed by or in consultation with a pulmonologist, allergist, or immunologist
- Patient must be taking and be compliant with a high-dose inhaled corticosteroid and a long-acting beta₂-agonist
- Must be administered by a healthcare professional

CRITERIA FOR RENEWAL PRIOR AUTHORIZATION FOR MEPOLIZUMAB: (must meet all of the following)

- Patient must demonstrate a decrease in frequency of exacerbations from baseline (defined as a reduction of oral/systemic corticosteroids and/or hospitalization and/or emergency department visits)

LENGTH OF APPROVAL: 6 months

Notes:

- Not for treatment of other eosinophilic conditions.
- Not for relief of acute bronchospasm or status asthmaticus.
- 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.