

## MCO Notice

### 12/28/2020 Revision to Nucala (mepolizumab) Prior Authorization Criteria effective February 1

On February 1, 2021, HHSC will revise the Medicaid and CHIP prior authorization criteria for Nucala (procedure code J2182).

#### Key Details:

The current indication treats severe asthma with an eosinophilic phenotype in clients 6 years of age and older. Nucala (mepolizumab) will also be a benefit for the following treatments:

- Eosinophilic granulomatosis with polyangiitis (EGPA) in adults 18 years and older
- Hypereosinophilic symptoms (HES) for 6 months or longer without identifiable non-hematologic secondary cause in clients 12 years of age and older

#### Additional Information:

HHSC will consider prior authorization for Mepolizumab (Nucala) for the treatment of eosinophilic granulomatosis with polyangiitis if the following criteria are met:

- Documentation supporting medical necessity for treatment of EGPA with Mepolizumab (Nucala) must be submitted with the prior authorization request and meet all of the following criteria:
  - ▶ Diagnosis of EGPA
  - ▶ Medical history of asthma
  - ▶ Presence of at least two of the following EGPA characteristics:
    - ◇ Histopathological findings of eosinophilic vasculitis, perivascularitis eosinophilic infiltration, or eosinophil-rich granulomatous inflammation
    - ◇ Neuropathy
    - ◇ Pulmonary infiltrates, non-fixed; Sino-nasal abnormality
    - ◇ Cardiomyopathy
    - ◇ Glomerulonephritis
    - ◇ Alveolar hemorrhage
    - ◇ Palpable purpura
    - ◇ Anti-neutrophils cytoplasmic antibody
  - ▶ Refractory disease, or a history of EGPA relapse, within the past two years from the requested date of service
  - ▶ The prescriber's attestation that the client is on a stable dose of corticosteroids

Prior authorization for Mepolizumab (Nucala) may be considered for the treatment of hypereosinophilic syndrome (HES) for 6 months or longer without non-hematologic secondary cause in clients 12 years and older if the following criteria are met:

- Providers must submit the following documentation to support medical necessity for the treatment of HES of people who are 12 years of age and older:
  - ▶ Diagnosis of HES for 6 months or longer without any non-hematologic secondary cause

- ▶ A history of two or more HES flares (a flare is defined as worsening of clinical symptoms or blood eosinophil counts requiring an increase in prior therapy) within the past twelve months before the initiation of Mepolizumab (Nucala) therapy
- ▶ The prescriber's attestation that the client has been on a stable dose of HES therapy which includes, but is not limited to, corticosteroids, immunosuppressive and cytotoxic therapy

**Resource:**

Refer to section 7.54 of the [Outpatient Drug Services Handbook Chapter](#) of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.