

Prior Authorization Guideline

Guideline Name	Nucala (mepolizumab)
Formulary	• Medicaid - CareOregon (CORMCAID)

Guideline Note:

Effective Date:	10/1/2026

1 . Criteria

Product Name: Nucala	
Diagnosis	Chronic obstructive pulmonary disease, Eosinophilic phenotype
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Diagnosis of Chronic obstructive pulmonary disease, Eosinophilic phenotype

AND

2 - Prescribed by or in consultation with a pulmonologist

AND

3 - Baseline eosinophil count of at least 150 cells/uL

AND

4 - Submission of medical records (e.g., chart notes) confirming of greater than or equal to 2 moderate or greater than or equal to1 severe COPD exacerbations within the last year despite adherence to inhaled LABA + LAMA + ICS triple therapy

Product Name: Nucala	
Diagnosis	Chronic obstructive pulmonary disease, Eosinophilic phenotype
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming clinical improvement in symptoms of COPD and/or a reduction in frequency or severity of exacerbations

Product Name: Nucala	
Diagnosis	Eosinophilic granulomatosis with polyangiitis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
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NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Diagnosis of Eosinophilic granulomatosis with polyangiitis

AND

2 - Prescribed by or in consultation with one of the following:

- Pulmonologist
- Rheumatologist
- Vasculitis Specialist

AND

3 - Submission of medical record (e.g., chart notes) confirming systemic involvement beyond asthma, ear, nose, and throat manifestations

AND

4 - Submission of medical record (e.g., chart notes) confirming failure to induce remission with oral or pulse corticosteroids or unable to taper oral corticosteroids after 3 months

AND

5 - Submission of medical record (e.g., chart notes) confirming failure of an immunosuppressant (e.g., methotrexate, azathioprine, cyclophosphamide)

Product Name: Nucala	
Diagnosis	Eosinophilic granulomatosis with polyangiitis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming one of the following:

- Disease remission (Birmingham Vasculitis Activity Score of 0)
- Improvement in Birmingham Vasculitis Activity Score and reduction in related hospitalizations/ED visits/Urgent care utilization since starting therapy

AND

2 - Oral corticosteroid dose less than or equal to 4mg/day

Product Name: Nucala

Diagnosis	Hypereosinophilic syndrome, without an identifiable non-hematologic secondary cause
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming a diagnosis PDGFRA-negative Hypereosinophilic syndrome (HES)

AND

2 - Prescribed by or in consultation with a hematologist

AND

3 - Member has had diagnosis of HES for at least 6 months

AND

4 - At least two HES flares in the past 12 months while on therapy with hydroxyurea or corticosteroids

AND

5 - Submission of medical records (e.g., chart notes) confirming baseline eosinophil count of at least 1,000 cells/uL

AND

6 - Positive response to corticosteroid therapy

AND

7 - Submission of medical record (e.g., chart notes) confirming one of the following:

- Disease flare while on hydroxyurea
- Contraindication or intolerance to hydroxyurea

AND

8- Submission of medical record (e.g., chart notes) confirming one of the following:

- Disease flare while on Fasenra
- Contraindication or intolerance to Fasenra

Product Name: Nucala	
Diagnosis	Hypereosinophilic syndrome, without an identifiable non-hematologic secondary cause
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

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NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
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NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming that there is no showing of HES flares or other clinical response since starting therapy

Product Name: Nucala	
Diagnosis	Severe asthma, eosinophilic phenotype
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming diagnosis of moderate-severe asthma

AND

2 - Baseline eosinophil count of at least 150 cells/uL

AND

3 - Submission of medical records (e.g., chart notes) confirming trial and failure, intolerance, or contraindications to all of the following:

- High-dose inhaled corticosteroid with long-acting beta-agonist
- Long-acting muscarinic antagonist (e.g., tiotropium)
- Leukotriene inhibitor (e.g., montelukast)

AND

4 - Adherence to maintenance inhaler(s) and leukotriene therapy (e.g., consistent fill history)

AND

5 - Urgent care, ED visit, hospitalization, or frequent exacerbations within the last 12 months

Product Name: Nucala	
Diagnosis	Severe asthma, eosinophilic phenotype
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
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NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	4460405500E530	Brand
NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming reduction in asthma exacerbations, ED/urgent care visits, hospitalizations, oral steroid requirements, or sustained clinical improvement from baseline

Product Name: Nucala	
Diagnosis	Rhinosinusitis, chronic, with nasal polyps; inadequate response to nasal corticosteroids
Approval Length	4 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4460405500D530	Brand
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	4460405500E520	Brand
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NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming recurrent nasal polyps after multiple prior sinus surgeries

AND

2 - Submission of medical records (e.g., chart notes) confirming failure of two nasal corticosteroids

AND

3 - Submission of medical records (e.g., chart notes) confirming failure of Sinuva implant

AND

4 - Submission of medical records (e.g., chart notes) confirming current adherence to nasal corticosteroids and Nucala is intended as adjunctive therapy to nasal corticosteroids

AND

5 - Provider attestation that member as it risk of another sinus surgery but is not a candidate for sinus surgery

Product Name: Nucala	
Diagnosis	Rhinosinusitis, chronic, with nasal polyps; inadequate response to nasal corticosteroids

Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Product Name	Generic Name	GPI	Brand/Generic
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NUCALA	MEPOLIZUMAB FOR INJ 100 MG	44604055002120	Brand

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming clinically significant improvement in symptoms

AND

2 - Member has not required sinus surgery for nasal polyps since starting Nucala therapy

2 . Background