

**Medicare Part D – 2016****Prior Authorization Group Description:**

NUCALA

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:****Required Medical Information:**

Patient has a blood eosinophil count of greater than or equal to 150 cells/mcL within the past 3 months.  
MAINTENANCE REQUESTS: Medical records documenting a reduction in asthma exacerbations

**Age Restrictions:**

Patient is 12 years of age or older

**Prescriber Restrictions:**

Pulmonologist or Allergist

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Must be used in combination with ONE inhaled corticosteroid (such as beclomethasone, budesonide, flunisolide, fluticasone, mometasone, ciclesonide) AND Must be used in combination with ONE long-acting beta-agonist (such as salmeterol, formoterol, or vilanterol), unless contraindicated.