

Billing and Coding Guide Quick Reference

For physician offices prescribing NUCALA for in office administration

together
with

Nucala
(mepolizumab)

Indications

NUCALA is indicated for the:

- add-on maintenance treatment of adult and pediatric patients aged 6 years and older with severe asthma and with an eosinophilic phenotype (SEA). NUCALA is not indicated for the relief of acute bronchospasm or status asthmaticus.
- add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients aged 18 years and older with inadequate response to nasal corticosteroids.
- add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype. NUCALA is not indicated for the relief of acute bronchospasm.
- treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA).
- treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for greater than or equal to 6 months without an identifiable non-hematologic secondary cause.

Coding quick reference

NDC	10-digit: 0173-0881-01	100 mg/mL mepolizumab in 1 mL per single-use vial, which contains lyophilized powder for subcutaneous injection
	11-digit: 00173-0881-01	
	10-digit: 0173-0904-42	40 mg/0.4 mL solution in prefilled syringe*
	11-digit: 00173-0904-42	*Only for patients aged 6-11 years with severe eosinophilic asthma.
Product (HCPCS) ¹	J2182	Injection, mepolizumab, 1 mg
Procedure (CPT®) ²	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); SC or IM
	96401	Chemotherapy administration, SC or IM; non-hormonal anti-neoplastic

CPT® is a registered trademark of the American Medical Association (AMA). The AMA has recognized the use of the 96401 administration code for some non-chemotherapy substances, such as certain monoclonal antibody agents and other biologic response modifiers. Since NUCALA is a human monoclonal antibody agent, this CPT code may be applicable. However, recognition of chemotherapy administration codes for non-chemotherapy drugs may vary by payer, and the documentation must support the use of these codes.

Diagnosis (ICD-10-CM)³

Severe eosinophilic asthma (SEA)

J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbations. X=0 uncomplicated, X=1 with exacerbation
J82.83	Eosinophilic asthma

Nasal polyps (NP)

J33.0	Polyp of the nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyps, unspecified

Hypereosinophilic syndrome (HES)

D72.110	Idiopathic hypereosinophilic syndrome
D72.111	Lymphocytic variant hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome, unspecified

Eosinophilic granulomatosis with polyangiitis (EGPA)

M30.1	Polyarteritis with lung involvement (Churg-Strauss)
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Chronic obstructive pulmonary disease (COPD)

J44	Chronic obstructive pulmonary disease
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J40	Bronchitis, not specified as acute or chronic
J41	Simple and mucopurulent chronic bronchitis
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43	Emphysema

Modifiers⁴

Drug wastage modifiers

JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

Note: The coding, coverage, reimbursement, and related information presented in this guide is from various third-party sources and is subject to change without notice. GSK cannot guarantee the accuracy or timeliness of these data. This information should not be considered a guarantee of success in obtaining third-party insurance payment for any product and should not be relied upon without confirmation. The decision by a payer to pay for a specific product is based on many factors. It is always the prescriber's responsibility to determine the appropriate treatment and submit appropriate codes, charges, and modifiers for treatments provided. Providers should contact third-party payers for specific information on their policies.

CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; IM, intramuscular; NDC, National Drug Code; SC, subcutaneous.

Important Safety Information

CONTRAINDICATIONS

Known hypersensitivity to mepolizumab or excipients.

Please see additional Important Safety Information for NUCALA on next page.
Please see full [Prescribing Information](#), including [Patient Information](#), for NUCALA.

GSK

Together with NUCALA

Together with NUCALA is a resource to provide assistance with any questions you may have regarding reimbursement or payer requirements for NUCALA. If you need additional information, please contact your Access and Reimbursement Manager for NUCALA or call a Patient Navigator at 1-844-225-5894 Monday through Friday, 8 AM to 8 PM ET.

Important Safety Information (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (eg, anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash) have occurred with NUCALA. These reactions generally occur within hours of administration but can have a delayed onset (ie, days). Discontinue if a hypersensitivity reaction occurs.

Acute Symptoms of Asthma or COPD or Acute Deteriorating Disease

NUCALA should not be used to treat acute symptoms or acute exacerbations of asthma or COPD, or acute bronchospasm.

Opportunistic Infections: Herpes Zoster

Herpes zoster infections have occurred in patients receiving NUCALA. Consider vaccination if medically appropriate.

Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with NUCALA. Decreases in corticosteroid doses, if appropriate, should be gradual and under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

Treat patients with pre-existing helminth infections before initiating therapy with NUCALA. If patients become infected while receiving NUCALA and do not respond to anti-helminth treatment, discontinue NUCALA until infection resolves.

ADVERSE REACTIONS

Most common adverse reactions ($\geq 5\%$):

- Severe asthma trials: headache, injection site reaction, back pain, fatigue
- CRSwNP trial: oropharyngeal pain, arthralgia
- COPD trials: back pain, diarrhea, cough
- EGPA and HES trials (300 mg of NUCALA): most common adverse reactions were similar to severe asthma

Systemic reactions, including hypersensitivity, occurred in clinical trials in patients receiving NUCALA. Manifestations included rash, pruritus, headache, myalgia, flushing, urticaria, erythema, fatigue, hypertension, warm sensation in trunk and neck, cold extremities, dyspnea, stridor, angioedema, and multifocal skin reaction. A majority of systemic reactions were experienced the day of dosing.

USE IN SPECIFIC POPULATIONS

The data on pregnancy exposures are insufficient to inform on drug-associated risk. Monoclonal antibodies, such as mepolizumab, are transported across the placenta in a linear fashion as the pregnancy progresses; therefore, potential effects on a fetus are likely to be greater during the second and third trimesters.

Please see additional Important Safety Information for NUCALA on previous page.

Please see full [Prescribing Information](#), including [Patient Information](#), for NUCALA.

References: 1. Centers for Medicare and Medicaid Services. HCPCS Release & Code Sets. 2020 Alpha-Numeric HCPCS File. Row 4309. <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/alpha-numeric-hcpcs-items/2020-alpha-numeric-hcpcs-file>. Accessed August 28, 2025. 2. Find-A-Code. Find-A-Code Comprehensive Search. <https://www.findacode.com/search/search.php>. Accessed August 28, 2025. 3. Centers for Medicare and Medicaid Services. ICD Code Lists. <https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists>. Accessed August 28, 2025. 4. Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed August 28, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

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