



# AWTTC

All Wales Therapeutics & Toxicology Centre  
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

## **Mepolizumab (Nucala<sup>®</sup>▼) for the treatment of chronic eosinophilic pneumonia (OW15)**

**December 2019**

### **ONE WALES INTERIM COMMISSIONING DECISION**

#### **Mepolizumab (Nucala<sup>®</sup>▼) for the treatment of chronic eosinophilic pneumonia**

**Date of advice: December 2019**

**The following Interim Pathways Commissioning Group (IPCG) recommendation has been endorsed by health board Chief Executives.**

It is the view of the Interim Pathways Commissioning Group (IPCG) that mepolizumab (Nucala<sup>®</sup>) should not be supported within NHS Wales for the treatment of chronic eosinophilic pneumonia.

Individual Patient Funding Request (IPFR) consideration remains appropriate for those patients who are likely to obtain significantly more clinical benefit from the intervention than would normally be expected at a reasonable value for money.

This advice will be reviewed after 12 months or earlier if new evidence becomes available.

**One Wales advice promotes consistency of access across NHS Wales.**

**One Wales Interim Commissioning Process  
Interim Pathways Commissioning Group (IPCG) summary of decision  
rationale**

Medicine: **mepolizumab (Nucala®)**

Indication: **treatment of chronic eosinophilic pneumonia**

Meeting date: **25 November 2019**

Criteria	IPCG opinion
Clinical effectiveness	IPCG notes that the clinical effectiveness evidence is from seven individual case studies, four presented as conference abstracts. There are no studies of mepolizumab to treat chronic eosinophilic pneumonia. IPCG considers that the evidence provided did not demonstrate clinical effectiveness sufficiently. None of the second-line options is licensed for this indication, off-label use of immunosuppressants such as azathioprine or mycophenolate are alternative treatments. IPCG acknowledges the risks of immunosuppression, myelosuppression and liver failure associated with the alternative treatments.
Cost-effectiveness	IPCG notes that no cost effectiveness studies have been undertaken. There is insufficient information available to provide cost effectiveness analyses. IPCG was not persuaded that the cost effectiveness analyses for eosinophilic asthma is a suitable proxy for eosinophilic pneumonia.
Budget impact	IPCG acknowledges that budget impact estimates are subject to uncertainty including: <ul style="list-style-type: none"> <li>• exact patient numbers</li> <li>• length of treatment</li> <li>• price</li> <li>• response and adverse effect rates</li> <li>• attrition/burn out rate.</li> </ul>
Other factors	IPCG accepts that the pathology of chronic eosinophilic pneumonia and the proposed role of interleukin-5 in the development of the disease makes mepolizumab a plausible but unproven option to consider for treatment of this patient group.
Final recommendation	IPCG does not recommend that mepolizumab be made available for the second- or third-line treatment of chronic eosinophilic pneumonia.
Summary of rationale	IPCG considers that there is insufficient evidence of clinical effectiveness and value for money to recommend mepolizumab (Nucala®) for the treatment of eosinophilic pneumonia.