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

Mepolizumab (Nucala®▼) for the treatment of chronic eosinophilic pneumonia (OW15)

August 2023 Review

ONE WALES INTERIM DECISION

Mepolizumab (Nucala®▼) for the treatment of chronic eosinophilic pneumonia

Date of original advice: November 2019
Date of current review: August 2023

The following One Wales Medicines Assessment Group (OWMAG) recommendation has been noted by the All Wales Medicines Strategy Group (AWMSG) and ratified by Welsh Government

It is the view of the One Wales Medicines Advisory Group (OWMAG) that mepolizumab (Nucala®) 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 next reviewed after 3 years or earlier if new evidence becomes available.

One Wales advice assists consistency of access across NHS Wales

This is a summary of new evidence available and patient outcome data collected, to inform the review.

Background
Chronic eosinophilic pneumonia is a rare disease that is part of a larger group of lung diseases characterised by abnormal infiltrations of eosinophils in the lungs. It is characterised by the progressive onset of symptoms including cough, dyspnoea, malaise, chest pain, fever and weight loss. It is usually successfully treated with corticosteroids but the disease can relapse on tapering or stopping corticosteroids. The use of mepolizumab to treat chronic eosinophilic pneumonia in people who require chronic or repeat courses of corticosteroids is still 'off-label' (unlicensed). Clinicians in Wales considered there was an unmet need and identified a cohort of patients who could benefit from mepolizumab treatment.

Current One Wales Decision: Not supported**.**

Licence status
The use of mepolizumab (Nucala®) to treat chronic eosinophilic pneumonia remains off-label (unlicensed). AWTTC are not aware of any plans to pursue marketing authorisation of mepolizumab for this indication at this time.

Guidelines
We found no published guidelines for the treatment of chronic eosinophilic pneumonia.

Licensed alternative medicines or Health Technology Assessment advice for alternative medicines: None

Effectiveness
Our repeat literature search identified one retrospective review. Delcros et al. (2023) reported 29 patients with idiopathic chronic eosinophilic pneumonia who were treated with medicines targeting interleukin-5 or interleukin-5R. Patients were treated with off-label mepolizumab (n = 22) or benralizumab (n = 7), for 3 or more months. Results were reported for all 29 patients combined and not stratified by the biologic therapy received. The biological therapy was started because of frequent, severe asthma exacerbations in 69% of patients; corticosteroid-related side effects in 52%; and failure or side effects of other corticosteroid-sparing medicines in 28%.

Mepolizumab was given as per the licensed regimen for eosinophilic asthma, 100 mg by subcutaneous injection every 4 weeks, in the majority of patients (n = 20).

No relapse of chronic eosinophilic pneumonia was reported after a median duration of 13 months (8–24 months) of biological therapy. In total, 21 patients were eventually weaned from oral corticosteroids, of whom 18 remained free from asthma exacerbations (86%). Two patients each reported injection site reactions and flu-like symptoms. No patients discontinued treatment because of adverse events.

Mepolizumab treatment led to a rapid decrease in blood eosinophilia, and clinical and radiological improvement; although no improvement in lung function tests was reported.

Safety
No relevant safety analyses were identified in our literature search.

Cost-effectiveness
No relevant cost-effectiveness analyses were identified in our literature search.

Budget impact
The estimated eligible population reported in our first evidence review, published in 2019, was 35 patients per year in Wales. Since our last review in March 2022, no independent patient funding requests (IPFR) have been recorded in Wales for mepolizumab to treat chronic eosinophilic pneumonia.

Impact on health and social care services
No new impact data have been provided, though we consider the impact of this medicine to be minimal.

Patient outcome data
None received. AWTTC are not aware of any patients in Wales having received mepolizumab for chronic eosinophilic pneumonia in the past 12 months.

Next review date: August 2026

This document includes evidence published since the last review or full assessment of this medicine for the indication under consideration. It does not replace the original full evidence status report. Any previous reviews and the original full evidence status report are available on request by email to AWTTC@wales.nhs.uk.