National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Mepolizumab for treating severe eosinophilic asthma (review of technology appraisal guidance 431)

Response to consultee and commentator comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	British Thoracic Society	The original guidance was published in 2017, and so it is an appropriate time to review it.	Comment noted. No action needed
	GSK UK	Yes, this topic would be appropriate for a NICE appraisal. Mepolizumab is currently recommended by NICE TA431. GSK is seeking a fast track appraisal (FTA) to match the recommendation of benralizumab as the committee for TA565 concluded that both technologies have similar clinical effectiveness and are cost effective for the eligible populations.	Comment noted. No action needed.
Wording	British Thoracic Society	Yes	Comment noted. No action needed
	GSK UK	The wording of the scope reflects the issues of clinical and cost effectiveness that NICE should consider. GSK would favour an FTA, as the draft scope currently mentions a single technology appraisal.	Comment noted. No action needed.

Section	Consultee/ Commentator	Comments [sic]	Action
Timing Issues	British Thoracic Society	Not urgent	Comment noted. No action needed.
	GSK UK	Mepolizumab was the first biologic treatment to be appraised and recommended for the treatment of severe refractory eosinophilic asthma (SREA). NICE TA431 was published in January 2017 and a review of the evidence is now due.	Comment noted. No action needed.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	British Thoracic Society	The information is adequate, however is reflective of the NICE guidance on the management of asthma; the BTS and GINA management algorithms are different. However, the guidance on the use of biologics and referral to specialist centres is accurate	Thank you for your comment. No action required.
	GSK UK	There are no issues with the accuracy and completeness of this information.	Thank you for your comment. No action required.
The technology/ intervention	British Thoracic Society	Yes	Thank you for your comment. No action required.
	GSK UK	The description of the technology (mepolizumab) is accurate.	Thank you for your comment. No action required.

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Population	British Thoracic Society	Yes.May wish to consider children separately as the data (clinical trial and real world data) is very limited	Thank you for your comment. No action required.
	GSK UK	The population is defined appropriately. Please note: the pre-filled formulations are only indicated in patients 12 years and above.	Thank you for your comment. No action required.
Comparators	British Thoracic Society	The comparators are the standard treatments used for this group of patients	Thank you for your comment. No action required.
	GSK UK	For people with severe asthma for whom biologics are indicated and suitable according to NICE guidance: • Reslizumab • Benralizumab For people with severe asthma for whom currently available biologics are not indicated and suitable: • Optimised standard therapy without biologics GSK have had early discussions with NICE. A fast track appraisal would be the most appropriate review of the evidence. GSK proposes reslizumab as the sole comparator for the FTA of mepolizumab. The rationale for an FTA and selecting reslizumab as the only comparator is explained in detail below. During the appraisal of benralizumab (TA565), the company presented an anchored matched-adjusted indirect comparison (MAIC) that compared mepolizumab and benralizumab only. The committee concluded during TA565 that benralizumab and mepolizumab were similar in terms of their clinical efficacy and cost effectiveness. The company made a simple	Thank you for your comments. These issues, if raised during the appraisal process, will be considered by the committee. The committee's decision-making will be based on the evidence submitted during the appraisal. No changes to the scope required.

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		assumption that benralizumab and reslizumab had the same efficacy. A published indirect treatment comparison (ITC) of anti-IL-5 treatments showed that mepolizumab was associated with significantly greater improvements in clinically significant exacerbations and asthma control compared with reslizumab or benralizumab in patients with similar blood eosinophil counts (Busse et al., 2019). The benralizumab submission was unable to present data comparing its technology to reslizumab and assumed that both treatments had the same efficacy. The committee's conclusion aligns with the ERG's findings during TA565, that mepolizumab and benralizumab have similar long-term costs. In addition, when the PAS prices for benralizumab and reslizumab were used in the ERG analysis, benralizumab was clearly cost effective compared with reslizumab. This is important as the ERG demonstrated that mepolizumab was shown to have similar costs to benralizumab, indicating that it would also be clearly cost effective when also compared with reslizumab. The committee for TA565 determined that benralizumab could be recommended for the mepolizumab-eligible and the reslizumab-eligible population based on the evidence. The final recommendation means that there is a population in whom benralizumab is recommended but mepolizumab is not (people with an eosinophil count of 400 cells per microlitre or more and who have had exactly 3 exacerbations in the last 12 months). The fast track appraisal could address this gap in patient eligibility by adding this population to the current mepolizumab recommendation. This updated guidance would make the recommendation for mepolizumab equivalent with benralizumab for patients with severe asthma and allow more choice of medicines for patients and clinicians.	

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		GSK would not include 'people with severe asthma for whom currently available biologics are not indicated and suitable' as a comparator as these patients would not receive a biologic under the NICE recommendation. GSK would also substantiate using reslizumab as the sole comparator via the NICE User Guide for the Fast Track Appraisal. The guide states a cost-comparison analysis can be used where the technology 'is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended' and 'it is acceptable to make a cost-comparison case with only 1 of the comparators in the scope'. Reslizumab would be the only comparator relevant for the fast track appraisal. During the appraisal of TA565, mepolizumab and benralizumab were accepted to have similar clinical efficacy and cost effectiveness (both the committee and the ERG agreed). Therefore, the only data gap left is to compare the clinical efficacy of mepolizumab to reslizumab using the published ITC of anti–IL-5 treatments for severe asthma (Busse et al., 2019). Reference Busse W. et al, 2019, Anti-IL-5 treatments in patients with severe asthma by blood eosinophil thresholds: indirect treatment comparison, J. Allergy Clin. Immunol., 143 (1) (2019), pp. 190-200	
Outcomes	British Thoracic Society	Yes. Presumably 'use of corticosteroids' will include % of patients able to be weaned off steroids completely and %reduction in mOCS dose compared to pre-biologic	Thank you for your comment. No action required.
	GSK UK	The outcome measures that capture the most important health related problems are taken from the ITC. Busse et al., 2019 captured the following endpoints included in the analysis:	Thank you for your comments. These outcomes are already

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		• incidence of clinically significant exacerbations, including those which require unscheduled contact with healthcare professionals or hospitalisation • asthma control using Asthma Control Questionnaire (ACQ) • lung function	included in the scope. No change required.
Economic analysis	British Thoracic Society	Unsure if the availability of patient access schemes should be taken into account as there is wide variability between severe asthma centres in their availability and use; will home care schemes be included in this comparison?	Thank you for your comments. Individual patient access schemes will be considered in the economic analyses. No changes to the scope required.
	GSK UK	The most appropriate choice based on the evidence above would be a cost comparison analysis. This analysis is routinely used for fast track appraisals that fulfil the relevant criteria. A cost minimisation approach will be made as the evidence should demonstrate no statistically significant difference in exacerbations between mepolizumab and reslizumab. The aim is to demonstrate that mepolizumab is likely to provide similar or greater health benefits at similar or lower cost than technology recommended. This analysis will compare the acquisition and administration costs of mepolizumab formulations and reslizumab respectively. A one-year time horizon was applied, as this is when treatment is reassessed for effectiveness. A discount rate will not be applied as the time horizon is limited to 12 months. The analysis assumes that there are no differences in adverse	Thank you for your comments. These issues, if raised during the appraisal process, will be considered by the committee. No changes to the scope required.

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		event costs and safety profiles are comparable.	
Equality and Diversity	British Thoracic Society	No concerns	Thank you for your comment. No action required.
	GSK UK	No comments	-
Other considerations	British Thoracic Society	No comments	-
	GSK UK	No comments	-
Innovation	British Thoracic Society	The technology (and its comparators) have had significant impacts on health-related benefits on patients with severe asthma It will not capture benefits gained form reduction in OCS-related sided effects	Thank you for your comment. No action required.
	GSK UK	No comments.	-
Questions for consultation	British Thoracic Society	No comments	-
	GSK UK	NA	-
Additional comments on the	British Thoracic Society	No comments	-

Section	Consultee/ Commentator	Comments [sic]	Action
draft scope			
	GSK UK	No comments.	-

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Teva