

1.	<p><b>Treatment &amp; Condition</b></p> <p>Mepolizumab for treating severe eosinophilic asthma</p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology appraisal guidance (TA671), Published: 3 February 2021  <a href="http://www.nice.org.uk/guidance/ta671">www.nice.org.uk/guidance/ta671</a></p> <p>Mepolizumab, as an add-on therapy, is recommended as an option for treating severe refractory eosinophilic asthma, only if:</p> <ul style="list-style-type: none"> <li>• it is used for adults who have agreed to and followed the optimised standard treatment plan and</li> <li>• the blood eosinophil count has been recorded as 300 cells per microlitre or more and the person has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, or has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months or</li> <li>• the blood eosinophil count has been recorded as 400 cells per microlitre or more and the person has had at least 3 exacerbations needing systemic corticosteroids in the previous 12 months (so they are also eligible for either benralizumab or reslizumab).</li> <li>• Mepolizumab is recommended only if the company provides it according to the commercial arrangement.</li> </ul> <p>If mepolizumab, benralizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs).</p>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>According to the Resource Impact Template that accompanies TA 671, NICE estimates that 1148 patients will be eligible for mepolizumab in Northern Ireland.</p>
4.	<p><b>Patient Access Scheme Availability</b> (<u>Yes</u>/No)</p> <p>The company (GlaxoSmithKline UK Ltd) has a commercial arrangement in place. This makes mepolizumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p><b>Infrastructure Requirements</b></p> <p>Any additional infrastructure costs associated will be dealt with as part of the routine commissioning process.</p>
6.	<p><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p><b>Commissioning arrangements</b></p>

	<p>This regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis. Thereafter, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen.</p>
<p><b>8.</b></p>	<p><b>Monitoring arrangements</b></p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p>
<p><b>9.</b></p>	<p><b>DoH (NI) Legislative/Policy Caveats</b></p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>