australasian society of clinical immunology and allergy

24 January 2024

Professor Andrew Wilson,
Chair, Pharmaceutical Benefits Advisory Committee (PBAC)
Department of Health and Ageing
GPO Box 9848 Canberra ACT 2601
Email: pbac@health.gov.au

Dear Professor Wilson,

Re: Changes to Nucala® (mepolizumab) PBS listing for treatment of uncontrolled severe asthma

On behalf of the Australasian Society of Clinical Immunology and Allergy (ASCIA) we write in support of an application from GSK for changes to the Pharmaceutical Benefits Scheme (PBS) listing of Nucala® (mepolizumab) for treatment of uncontrolled severe asthma.

ASCIA supports the requests from GSK for the following changes to the PBS listing requirements:

- Initial treatment from Authority Required (Written) to Authority Required (Telephone/Online).
- Continuing treatment from Authority Required (Written) to Authority Required (Streamlined).
- Treating with oral corticosteroids as part of optimised asthma therapy for the initial treatment of uncontrolled severe asthma (6 weeks or a cumulative dose of at least 500 mg prednisolone equivalent in the previous 12 months).

ASCIA supports the proposed changes for the following reasons:

- Effective and targeted biologic therapies such as mepolizumab for treatment of uncontrolled severe asthma can have a significant impact on health outcomes and quality of life, particularly in patients with other atopic diseases and/or comorbidities.
- Proposed changes to initial authority and continuing treatment should ensure more timely, efficient and equitable access to mepolizumab for patients with uncontrolled severe asthma.
- Proposed changes to the requirement for oral corticosteroid (OCS) treatment prior to treatment with mepolizumab should improve health outcomes for patients by potentially reducing the use of OCS into more acceptable risk-benefit doses for patients with severe asthma.

We note that Nucala® (mepolizumab) has been approved for use and listed on the PBS since 2017 for patients with eosinophilic asthma following demonstrable benefit in phase II (Dream) and phase III (Mensa) studies published in 2014, and has since been PBS listed for nasal polyps in chronic rhinosinusitis (CRS).

Clinical immunology/allergy specialists regularly manage patients who have uncontrolled severe asthma and CRS, and recognise the need for responsible and considered use of treatments such as mepolizumab in appropriate patients who are likely to benefit, with ongoing monitoring.

We hope that this letter provides sufficient information for the proposed changes to the PBS listing of mepolizumab for uncontrolled severe asthma.

Yours sincerely,

A/Professor Theresa Cole
ASCIA President

Jill Smith
ASCIA CEO

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