Mepolizumab for the Treatment of Severe Asthma with Eosinophilia: Effectiveness, Value, and Value-Based Price Benchmarks

Questions for Deliberation: February 12, 2016 Public Meeting

1. For patients with severe asthma and with an eosinophilic phenotype, is the evidence adequate to demonstrate that the net health benefit of adding mepolizumab to standard of care is greater than that of standard of care alone?
   Yes    No

2. Given the available evidence for patients with severe asthma and with an eosinophilic phenotype, what is the care value* of adding mepolizumab to standard of care vs. standard of care alone?
   a. Low    b. Intermediate    c. High

3. Given the available evidence for patients with severe asthma and with an eosinophilic phenotype, what is the provisional health system value** of adding mepolizumab to standard of care vs. standard of care alone?
   a. Low    b. Intermediate    c. High

* Care value is determined by looking at four elements: comparative clinical effectiveness, incremental costs per outcomes achieved, other benefits or disadvantages, and contextual considerations. Care value represents the long-term perspective, at the individual patient level, on patient benefits and the incremental costs to achieve those benefits.

** Provisional health system value represents a judgment integrating consideration of the long-term care value of a new intervention with an analysis of its potential short-term budget impact if utilization is unmanaged.