22 February 2018
EMA/45109/2018
Committee for Medicinal Products for Human Use (CHMP)

Assessment report for paediatric studies submitted according to Article 46 of the Regulation (EC) No 1901/2006

Nucala

mepolizumab

Procedure no: EMEA/H/C/003860/P46/007

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

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1. Introduction

On 30/11/2017, the MAH submitted a completed study, Study No 204471 (OSMO study) in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

A short critical expert overview has also been provided.

2. Scientific discussion

2.1. Information on the development program

The MAH stated that the Phase IIIb/IV study 204471: *A multicentre open-label, single arm, 32-week treatment study in subjects with severe eosinophilic asthma not optimally controlled with current omalizumab treatment who are switched from omalizumab to mepolizumab 100mg subcutaneous* is a stand alone study.

2.2. Information on the pharmaceutical formulation used in the study

Nucala was provided as a lyophilised cake in sterile vials for individual use. The vial was reconstituted with sterile water for injection, just prior to use. This is the currently marketed form (100 mg mepolizumab powder for solution for injection).

2.3. Clinical aspects

2.3.1. Introduction

This is not a specific paediatric study and it is not part of a PIP. However, the protocol allowed enrolment of subjects from the age of 12 years.

2.3.2. Clinical study

This study was designed to provide efficacy, safety, immunogenicity and tolerability data when mepolizumab was switched directly from omalizumab without a wash-out period of approximately 4.5 months. Since this was a single arm trial, comparisons were made to baseline data.

A total of 145 subjects received mepolizumab after having received omalizumab for at least 4 months. Approximately half of subjects were receiving treatment with omalizumab every 2 weeks, and half were receiving omalizumab treatment monthly.

Statistically significant and clinically meaningful improvements in asthma control (as measured by ACQ-5: mean change from baseline of -1.45 (standard error: 0.107) at Week 32) and quality of life (as measured by SGRQ: mean change from baseline of -19.0 (standard error: 1.64) at Week 32) were observed with no tolerability issues reported.

The rate of exacerbations was reduced by 64% compared with the 12 months prior to screening.

An improvement was observed in both pre- and post-bronchodilator forced expiratory volume in 1 second (FEV1): mean change from baseline of 159 mL and 120 mL, respectively, at Week 32.

At Week 32, the majority of subjects rated their overall response to therapy as significantly improved (62 [46%] subjects), moderately improved (30 [22%] subjects), or mildly improved (24 [18%]

subjects). The clinician rated responses to therapy at Week 32 were significantly improved (38 [31%] subjects), moderately improved (37 [30%] subjects) or mildly improved (30 [25%] subjects).

Mepolizumab was well-tolerated in the study, and no new safety concerns were identified.

2.3.3. Discussion on clinical aspects

Only two paediatric patients were enrolled in the trial and the MAH did not provide any information on these subjects.

According to individual listings found in the CSR, these were a 14-year old boy and a 17-year old girl. The girl was withdrawn after 21 weeks due to worsening of her asthma and need to additional medications. The boy seemed to have improved but individual listings are not complete, hence the difficulty to evaluate the case.

3. Rapporteur's overall conclusion and recommendation

The OSMO study was not a paediatric trial and only two paediatric patients were enrolled, with one being a treatment failure. Obviously, no conclusion can be drawn from these data but it is noteworthy that an extension to the paediatric population is currently under review.

☒ **Fulfilled**

No regulatory action required.