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To the Minister of Health, Welfare and Sport
P.O. Box 20350
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2025013225

Date 4 June 2025
Re: Extension of the additional conditions of benralizumab (Fasenra®) for eosinophilic granulomatosis with polyangiitis (EGPA)

National Health Care Institute

Care
Medicinal Products

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Our reference

2025013225

Dear Mr van Hijum,

The National Health Care Institute advises you on the extension of the additional condition of benralizumab (Fasenra®) for the treatment of patients with eosinophilic granulomatosis with polyangiitis (EGPA). This advice was prompted by your request in the letter of 14 April 2025 (CIBG-25-08107).

The National Health Care Institute advises you to expand the additional condition for benralizumab (Fasenra®) to include the treatment of EGPA.

Eosinophilic Granulomatosis with Polyangiitis (EGPA) is a rare chronic autoimmune disease. In the Netherlands, an estimated 225 people have this disease. In EGPA, the body's own immune cells attack the cells of the blood vessels. This causes inflammation in the walls of blood vessels. These inflammations reduce the ability of organs and tissues to function properly. People with this disease are at high risk of asthma attacks, myocardial infarction, pulmonary bleeding or a stroke, for example. EGPA cannot be cured, and without treatment, a patient will die from this condition. Current high-dose prednisolone treatments, possibly combined with cyclophosphamide or rituximab, may control the disease in some patients for years. Benralizumab is specifically intended for people whose disease keeps coming back (recurrent) and who no longer respond to the treatments (refractory). The medicinal product mepolizumab is already available for these patients (as inpatient care).

Therapeutic indications

Benralizumab (Fasenra®) is registered as an add-on treatment for adult patients with recurrent or refractory EGPA and available in a pre-filled syringe or pen containing 30 mg in 1 ml solution (30 mg/ml).

In addition, benralizumab has been registered and reimbursed as an add-on treatment for adults with severe eosinophilic asthma since 1 July 2024.

Current additional condition benralizumab:

Only for an insured person aged 18 years or older as an add-on maintenance treatment for patients with severe eosinophilic asthma inadequately controlled despite treatment with high-dose inhaled corticosteroids plus long-acting β -

agonists. Treatment should be performed in the hospital for at least the first 6 months.

Benralizumab is also currently being studied for hypereosinophilic syndrome and COPD. Benralizumab is not yet registered for these indications.

Claim by the marketing authorisation holder

Benralizumab (Fasenra®) has a therapeutic value comparable with that of mepolizumab in adult patients with recurrent or refractory EGPA.

The marketing authorisation holder requests the inclusion in List 2 of the Health Insurance Regulation for this indication.

Advice

The National Health Care Institute advises you to extend the additional conditions of benralizumab (Fasenra®) for the treatment of patients with EGPA.

New additional conditions benralizumab:
Only for an insured person

- as an add-on maintenance treatment in patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus long-acting β -agonists. The treatment must be performed in the hospital for at least the first 6 months; or
- as an add-on treatment in patients with recurrent or refractory eosinophilic granulomatosis with polyangiitis (EGPA). The treatment should be prescribed by an approved vasculitis expertise centre and performed in the hospital for at least the first 6 months.

We explain the creation of this advice below.

Substantive assessment

Benralizumab has already been included on List 1A of the GVS, in cluster 0R03DXAP along with tezepelumab and omalizumab, after prior availability as inpatient care. The main indication for benralizumab is severe asthma and it can therefore remain clustered on List 1A in the 0R03DXAP cluster of the Health Insurance Regulation. The possibility of expanding the List 2 conditions should be explored; this requires an assessment based on the criteria for established medical science and medical practice.

Established medical science and medical practice

As the National Health Care Institute has not assessed mepolizumab for the treatment of EGPA, the comparison of mepolizumab versus placebo has also been considered to provide a more complete picture. For mepolizumab, in a previous randomised placebo-controlled study, the MIRRA study, mepolizumab was found to result in a clinically relevant reduction in the number of flare-ups and a clinically relevant increase in the number of patients who could halve or stop oral corticosteroid dosing compared to placebo.

The effectiveness and safety of benralizumab in the treatment of adults with recurrent or therapy-resistant EGPA have been studied in a double-blind

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controlled phase III study, the MANDARA study. This study compared benralizumab directly with mepolizumab. It showed that benralizumab has a similar effect on the number of flare-ups, reduction in oral corticosteroid use, and quality of life compared to mepolizumab.

Benralizumab complies with the criteria for established medical science and medical practice in adults with recurrent or treatment-resistant eosinophilic granulomatosis with polyangiitis (EGPA). The National Health Care Institute concludes, on the basis of the data, that the medicinal product has a therapeutic value comparable with that of mepolizumab.

Budget impact analysis

Due to a shift of the expenditure, from inpatient care to outpatient care, a budget impact analysis has been carried out.

The National Health Care Institute estimates that 46 patients per year will be treated with benralizumab for the above indication in year 3 after inclusion in the package. The total costs per patient per year are €28,987. This results in possible macro costs of €1.3 million in the third year (outpatient budget). Taking into account the substitution of mepolizumab to be financed as inpatient care, the budget impact in year three is €-346,457 based on the registered dose of mepolizumab (300 mg) for EGPA. However, data from a study examining the prescribing behaviour for EGPA in practice, combined with input from the professional group, shows that both the 300 mg and 100 mg doses of mepolizumab are being used in practice. On the basis of this usage, the budget impact in year three would be €189,152.

There is uncertainty about market penetration and the proportion of patients on the high and low doses of mepolizumab.

Reimbursement framework

For years, the biologicals for severe asthma were considered inpatient care. In 2023, the new subcutaneous biological tezepelumab became available, with this product being identified as an outpatient medicinal product based on the demarcation letter¹. Following the placement of tezepelumab in the GVS, other subcutaneous biologicals, which were already available as inpatient care, have also been included in the GVS since 2024. One of these biologicals is benralizumab, for which extension of the additional conditions is now being requested in relation to the indication expansion for EGPA. For this condition, an inpatient biological is also already available; mepolizumab.

Several parties have indicated that the movement of the biologicals to the outpatient care system is undesirable. This is because the biologicals should be administered at the hospital at least in the first 6 months, especially because of the risk of (severe) allergic reactions. The National Health Care Institute has therefore agreed with the Association of Dutch Healthcare Insurers (ZN) that, in addition to any inclusion in the GVS, reimbursement should also be maintained via an add-on fee. This means that these biologicals receive double funding. Double funding of medicinal products is generally considered undesirable, as this can lead to inefficiency, for example by influencing prescriptions and preventing competition.

Should you need any further information, please do not hesitate to contact us.

¹ [afbakening-aanspraak-farmaceutische-zorg-en-geneeskundige-zorg-mbt-geneesmiddelen.pdf](#)

The assessment reports have been added as annexes (Pharmacotherapeutic report, Budget impact analysis).

Yours sincerely,

M.J. Janssen
Chairperson of the Executive Board

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