Health Technology Briefing
January 2026

Depemokimab for treating eosinophilic granulomatosis with polyangiitis

Company/Developer	GlaxoSmithKline UK Ltd

☒ New Active Substance ☐ Significant Licence Extension (SLE)

NIHRIO ID: 34871	NICE ID: Not Available	UKPS ID: 675102

Licensing and Market Availability Plans

Currently in phase III clinical trials.

Summary

Depemokimab is currently in clinical development for eosinophilic granulomatosis with polyangiitis (EGPA). EGPA, formally known as Churg-Strauss Syndrome, is a rare disease characterised by blood vessel inflammation. This inflammation can restrict blood flow to organs and tissues, sometimes permanently damaging them. The symptoms of EGPA can include, but are not limited to, severe asthma, bowel trouble, blood loss and anaemia. There are currently limited treatment options for patients with EGPA and therefore there is a need for new treatment options.

Depemokimab is administered subcutaneously (under the skin). It is a type of medicine called a monoclonal antibody (a type of protein), that works by reducing the number of eosinophils (a type of white blood cell) in the body. Eosinophils can release harmful proteins which can damage tissues leading to inflammation, therefore reducing the numbers of eosinophils can reduce this damage. Depemokimab has a long half-life (time required for the concentration of the drug to reduce by half) with a dosing frequency of once every 26 weeks. If licensed, depemokimab will offer an additional treatment option for patients with EGPA.

This briefing reflects the evidence available at the time of writing and a limited literature search. It is not intended to be a definitive statement on the safety, efficacy or effectiveness of the health technology covered and should not be used for commercial purposes or commissioning without additional information. A version of the briefing was sent to the company for a factual accuracy check. The company was available to comment.
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Proposed Indication

Treatment of eosinophilic granulomatosis with polyangiitis (EGPA) in adults.[1]

Technology

Description

Depemokimab (GSK3511294) is a monoclonal antibody that works by blocking interleukin 5 (IL-5) from binding to its cognate receptor. IL-5 mediates the growth and differentiation of eosinophils in the bone marrow, and their recruitment and activation within tissues.[2,3] As circulating eosinophils in the blood have a short half-life (8-18 hours), monoclonal antibodies targeting IL-5 lead to a rapid reduction in the circulating cell population. Depemokimab is a long acting, humanised anti-interleukin 5 (anti-IL-5) monoclonal antibody engineered for extended half-life and improved IL-5 affinity versus other anti-IL-5 monoclonal antibodies.[3]

Depemokimab is in clinical development for the treatment of EGPA in adults. In the phase III clinical trial (OCEAN, NCT05263934), depemokimab will be administered as a subcutaneous injection at a proposed dose of 200mg every 26 weeks.[1,4]

Key Innovation

Glucocorticoids are the mainstay of EGPA treatment. Notably, the cumulative dose of glucocorticoids has been identified as the main factor associated with adverse events, particularly infections. Patient outcomes are excellent with regard to 1-year and 5-year mortality rates (100% and 97%, respectively); however, relapses occur in more than one-third of patients and glucocorticoids are still required for persistent symptoms, mainly asthma and ENT (ear, nose, throat) manifestations. These are poorly controlled by conventional therapy and represent a high disease burden. Thus, targeted treatments may be able to achieve more effective disease control and reduce toxic effects compared with glucocorticoids.[5]

Biological drug therapies are aimed at specific immune cells or inflammatory pathways in the disease development and progression. Therefore, they have the potential to improve efficacy and reduce the incidence of complications compared to current standard of care.[6] Depemokimab is being developed as a long acting subcutaneous injectable anti-IL-5 therapy with a single dose administered every six months (26 weeks) which offers the potential of greater patient adherence.[4] If licensed, depemokimab will offer an additional treatment option for patients with EGPA.

Regulatory & Development Status

Depemokimab is currently marketed in the EU/UK as an add-on treatment for asthma in adults and adolescents aged 12 years and older and severe chronic rhinosinusitis with nasal polyps in adults.[7]

Depemokimab is in phase III development for:[8]

- Chronic obstructive pulmonary disease
- Hypereosinophilic syndrome

Patient Group

Disease Area and Clinical Need

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EGPA, formerly known as Churg-Strauss syndrome, is a disorder characterised by blood vessel inflammation.[9] Eosinophils are a type of white blood cell that typically fight parasite infections and are involved in allergies. They are found in high numbers in the blood and affected parts of the body in individuals with EGPA. Eosinophils can release harmful proteins which can damage tissues leading to inflammation.[10] This inflammation can restrict blood flow to organs and tissues, sometimes permanently damaging them.[9] The symptoms of this condition include asthma, central nervous system degeneration, congestive heart failure, eosinophilia and more.[11] Almost all individuals with EGPA will suffer from asthma, often occurring during adulthood.[10] The exact cause of EGPA is not known, but it is thought to be an autoimmune disease. It is likely that a combination of factors leads to development of EGPA. Genetic studies have identified certain genes linked to EGPA, while some people have Anti Neutrophil Cytoplasmic Antibodies (ANCA) which may cause some types of autoimmune disease. [10] EGPA can occur in people of all ages, from children to the elderly.[12] EGPA appears to affect men and women equally.[10,12]

EGPA is a rare disease.[13] A systematic review and meta-analysis on burden of illness associated with EGPA estimated that incidence of EGPA is 1.07 (0.94, 1.35) cases per million person-years and prevalence is 12.13 (95% CI 6.98, 21.06) cases per million individuals in Europe.[13] Around 11–14 people per million are diagnosed with EGPA. The average age of diagnosis is 40 years old, and diagnosis is very rare in children or those over 65.[10] In England 2024-25, there were 774 finished consultant episodes (FCE) and 657 admissions for polyarteritis with lung involvement (Churg-Strauss) (ICD-10 code M30.1) which resulted in 1,094 FCE bed days and 587 day cases.[14]

Recommended Treatment Options

The National Institute for Health and Care Excellence (NICE) recommends benralizumab for treating relapsing or refractory EGPA in adults[15]. Treatments for EGPA include:[10]

- Corticosteroids or steroids (e.g., prednisolone)
- Nasal and inhaled steroids
- Cyclophosphamide
- Azathioprine
- Methotrexate
- Rituximab
- Mycophenolate mofetil

Clinical Trial Information

Trial	**OCEAN**, NCT05263934, EudraCT 2021-005726-15; A 52-week, Randomized, Double-blind, Double-dummy, Parallel-group, Multi-centre, Non-inferiority Study to Investigate the Efficacy and Safety of Depemokimab Compared With Mepolizumab in Adults With Relapsing or Refractory Eosinophilic Granulomatosis With Polyangiitis (EGPA) Receiving Standard of Care (SoC) Therapy **Phase III** – Active, not recruiting **Locations:** Twelve EU countries, UK, USA, Canada and other countries **Primary completion date:** September 2026
Trial Design	Randomised, parallel assignment, double-blind
Population	N(actual)=163, subjects with EGPA for at least 6 months, with a history of relapsing or refractory disease; aged 18 years and older.
Intervention(s)	Depemokimab and placebo matching mepolizumab

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Comparator(s)	Mepolizumab and placebo matching depemokimab
Outcome(s)	Primary outcome: number of participants with remission (Birmingham Vasculitis Activity Score [BVAS] =0 and a dose of oral corticosteroid [OCS] less than or equal to [<=] 4 milligram [mg] per day) [Time frame: up to week 52] See trial record for full list of other outcomes
Results (efficacy)	-
Results (safety)	-

Estimated Cost

The cost of depemokimab is not yet known.

Relevant Guidance

NICE Guidance

- NICE technology appraisal. Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis (TA1096). September 2025.

NHS England (Policy/Commissioning) Guidance

No relevant guidance identified.

Other Guidance

- European League Against Rheumatism (EULAR). EULAR recommendations for the management of ANCA-associated vasculitis: 2022 update. 2024.[16]
- American College of Rheumatology/Vasculitis Foundation (ACR/VF). 2021 ACR/VF Guideline for ANCA-associated Vasculitis (GPA/MPA/EGPA). 2021.[17]

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NB: This briefing presents independent research funded by the National Institute for Health and Care Research (NIHR). The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

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