

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Mepolizumab

Initial application — Severe eosinophilic asthma

Applications only from a respiratory physician or clinical immunologist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Patient must be aged 12 years or older
- and Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist
- and Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded
- and Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months
- and Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated
- and Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids
- or Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months
- and Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment

Renewal — Severe eosinophilic asthma

Current approval Number (if known):.....

Applications only from a respiratory physician or clinical immunologist. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

- An increase in the Asthma Control Test (ACT) score of at least 5 from baseline
- and Exacerbations have been reduced from baseline by 50% as a result of treatment with mepolizumab
- or Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz