HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRES	CRIE	BER	PATIENT:
Name	e:		
Ward	:		NHI:
Benralizumab			
INITIATION – Severe eosinophilic asthma Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a respiratory physician or clinical immunologist, or in accordance with a protocol or guideline that has been			
endorsed by the Health NZ Hospital. and			
	and	\bigcirc	Patient must be aged 12 years or older
	and	0	Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded
	and and	\bigcirc	Patient has a blood eosinophil count of greater than 0.5 × 10 ⁹ cells/L in the last 12 months
	and	0	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 anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated
		or	O 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 O Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months
	and and	0	Treatment is not to be used in combination with subsidised mepolizumab 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
		or	O Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma
			Patient was refractory or intolerant to previous anti-IL5 biological therapy and Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment
CONTINUATION – Severe eosinophilic asthma Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)			
Prescribed by, or recommended by a respiratory physician or clinical immunologist, or in accordance with a protocol endorsed by the Health NZ Hospital.			cribed by, or recommended by a respiratory physician or clinical immunologist, or in accordance with a protocol or guideline that has been resed by the Health NZ Hospital.
	and	0	An increase in the Asthma Control Test (ACT) score of at least 5 from baseline
		or	Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab
			Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control