Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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:
Benralizumab		
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 and	older	
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		
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		
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		
Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months		
and Treatment is not to be used in combination with subsidised mepolizumab		
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 and		
Patient has not previously re	eceived an anti-IL5 biological therapy for their severe	eosinophilic asthma
	or intolerant to previous anti-IL5 biological therapy	
Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing 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		
Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab		
Reduction in continuous ora	I corticosteroid use by 50% or by 10 mg/day while ma	aintaining or improving asthma control

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