Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2151 November 2025

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)										
	and		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 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							
1	and									
		٥.	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							
1	and [_	Treatment is not to be used in combination with subsidised mepolizumab							
1	and and	_								
			and or	al corti			(ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT e made at the time of application, and again at around 52 weeks after the first dose to assess			
		or		Patient	t has not previo	usly re	eceived an anti-IL5 biological therapy for	their severe	eosinophilic asthma	
				. —	Patient was refr	actory	or intolerant to previous anti-IL5 biologi	cal therapy		
			and	F	Patient was not of commencing			nti-IL5 biologi	ical therapy and discontinued within 12 months	
Renewal — Severe eosinophilic asthma										
				`	,					
Applications only from a respiratory physician or clinical immunologist. Approvals valid for 2 years. Prerequisites(tick boxes where appropriate)										
	and		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						t with benralizumab	
		or		Reduc	tion in continuo	us ora	l corticosteroid use by 50% or by 10 mg	/day while m	aintaining or improving asthma control	
	L									

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