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Interleukin-5 Antagonist Solution for Injection

Prescriber Criteria: Consultant Paediatrician
Consultant Respiratory Physician

Outpatient and Inpatient use:
1. Chronic Asthma

To be reserved for adults and adolescents from 12 years of age with severe refractory eosinophilic asthma:

- who:
  - had a blood eosinophil count of ≥300 cells per µL in the previous 12 months (**test results to be submitted with application**) AND
  - had four or more asthma exacerbations needing systemic corticosteroids in the previous 12 months, OR
  - had continuous oral corticosteroids of at least the equivalent of prednisolone 5mg per day over the previous 6 months

OR

- with a high IgE count and a blood eosinophil count of ≥300 cells per µL prior to the start of treatment with Omalizumab and in whom maximum drug efficacy with Omalizumab is not being reached. (Blood eosinophil count following 16 weeks from the start of Omalizumab treatment may be lower than 300 cells per µL, therefore, **test results for eosinophil count prior to the start of Omalizumab treatment need to be submitted with the application**).

Request should be counter-signed by the Lead Consultant Respiratory Physician

Duration of Approval:
1 year