



My
Asthma
Diary



NUCALA 
mepolizumab

This booklet is intended for patients who have been prescribed Nucala.
For further information, please refer to Nucala patient website.

www.severeasthma.co.nz

USING YOUR ASTHMA DIARY

This diary is intended to be used as a record of your asthma symptoms and treatments. Noting details about both of these can help you and the healthcare professionals involved with your treatment get a better idea about how your medicines are working over time.

If you have any questions regarding your condition or treatment, please speak to your healthcare professional.

IMPORTANT CONTACT INFORMATION

Your name: _____

Doctor/nurse: _____

Doctor/nurse telephone number: _____

Hospital details: _____

Name: _____

Address: _____

Fill in these details before or at every asthma review

Date of review: / /

Current medications you are taking (including dose)

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If so, when did you take the corticosteroids? (approximate dates)

For how long were you taking the corticosteroids?

- for less than 7 days for 7 days
 for more than 7 days

Anything else you want to note down to tell your doctor?

Have you had any asthma measurements taken prior to this appointment (eg lung function, peak flow)?

Is your asthma under control?

Answer these simple questions

1 In the **past four weeks**, how often did your asthma prevent you from getting as much done at work, school or home?

All of the time **1**

Most of the time **2**

Some of the time **3**

A little of the time **4**

Not at all **5**

SCORE

2 During the **past four weeks** how often have you had shortness of breath?

More than once a day **1**

Once a day **2**

3 to 6 times a week **3**

Once or twice a week **4**

Not at all **5**

3 During the **past four weeks**, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more times a week **1**

2 to 3 nights a week **2**

1 night a week **3**

Less than 1 night a week **4**

Not at all **5**

4 During the **past four weeks**, how often have you used your reliever medication (such as your blue inhaler or rescue inhaler)?

3 or more times a day **1**

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Once a week or less **4**

Not at all **5**

5 How would you rate your asthma control during the **past four weeks**?

Not controlled **1**

Poorly controlled **2**

Somewhat controlled **3**

Well controlled **4**

Completely controlled **5**

Add up each score to get your total. Your test result is an assessment of your level of asthma control.^{1,2}

SCORE: 20-25

Well done. Your asthma appears to be controlled.²

Even so, it can change over time so it's important to retest yourself regularly. Continue to talk to your healthcare professional about your asthma control.

SCORE: 19 OR LESS

Your asthma may be uncontrolled or only partly controlled.²

Talk to your healthcare professional about how you can improve it.

TOTAL

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References: 1. Nathan RA et al. *J Allergy Clin Immunol.* 2004;113:59-65. 2. Thomas M et al. *Prim Care Resp J.* 2009;18(1):41-49.

Nucala (mepolizumab 100 mg) is a **Prescription Medicine**, available as a 100 mg powder for injection (100 mg/mL after reconstitution) and as a 100 mg/mL pre-filled pen (auto-injector). *Nucala* is used as an add-on treatment for; severe eosinophilic asthma in patients 12 years and over, severe chronic rhinosinusitis with nasal polyps (CRSwNP) with an inadequate response to intranasal corticosteroids in adult patients 18 years and older, relapsing or refractory Eosinophilic Granulomatosis with Polyangiitis (EGPA) in adult patients aged 18 years and over, and in adult patients with inadequately controlled hypereosinophilic syndrome (HES) without an identifiable non-haematologic secondary cause. *Nucala* is given by injection under your skin (subcutaneous). ***Nucala* is fully funded for severe eosinophilic asthma only; Special Authority criteria apply. Use strictly as directed. *Nucala* has risks and benefits. Do not stop taking your other asthma medications including inhaled and /or oral steroid asthma medications. Tell your doctor if:** you have a parasitic (helminth) infection; you are taking prescription and over-the-counter medicines, vitamins, and herbal supplements; you are pregnant or plan to become pregnant; you are breastfeeding or plan to breastfeed. *Nucala* does not treat acute asthma symptoms, such as sudden asthma attack. Tell your healthcare professional or get emergency help immediately if you have any of the following symptoms of an allergic reaction: swelling of your face, mouth, and tongue, breathing problems, fainting, dizziness, feeling light-headed (low blood pressure), rash or hives. **Side effects:** headache, injection site reactions (pain, redness, swelling, itching, or a burning feeling at the injection site), back pain, and fatigue. Serious side effects may include allergic (hypersensitivity) reactions, including anaphylaxis. Serious allergic reactions can happen after you get your injection of *Nucala*. Allergic reactions can sometimes happen hours or days after you get a dose of *Nucala*. Herpes zoster infections that can cause shingles have happened in people who received *Nucala*. **If symptoms continue or you have side effects, see your doctor, pharmacist or health care professional.** For more information, see *Nucala* Consumer Medicine Information at www.medsafe.govt.nz. Ask your doctor if *Nucala* is right for you. Normal doctor's charges apply. Trademarks are owned by or licensed to the GSK group of companies. ©2023 GSK group companies or its licensor. Marketed by GlaxoSmithKline NZ Limited, Auckland. **Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500. TAPS: DA2301VL-PM-NZ-MPL-BKLT-210001**
Date of Approval: **April 2023** | Date of Expiry: **April 2025**