For patients with severe asthma during the COVID-19 pandemic
SUPPORTING THE CONTINUITY OF BIOLOGIC (MAb)-BASED CARE
For patients with severe asthma during the COVID-19 pandemic

This resource is designed for community pharmacists who support people with severe asthma where some aspects of care for these patients might transition back to the community.

WHAT IS SEVERE ASTHMA?
Asthma that remains uncontrolled despite treatable factors having been addressed and maximal inhaled therapy being taken regularly.

WHAT ARE MONOCLONAL ANTIBODY THERAPIES?
Monoclonal antibody therapies target inflammatory pathways that activate immune responses leading to airway inflammation.

Monoclonal antibody therapies have been shown to reduce the frequency of severe asthma attacks (worsening asthma requiring oral corticosteroids, emergency department visit or hospitalisation), reduce the requirement for oral corticosteroids, and in some cases, improve quality of life, and asthma symptoms. Some may also improve lung function.

These medicines are funded by PBS only when prescribed by respiratory specialists, allergy specialists, or general physicians (or, in the case of omalizumab, paediatricians) with expertise in severe asthma management, for patients attending a public or private hospital, and when patients meet certain general and product-specific criteria. After treatment is initiated by a specialist, ongoing maintenance doses can be administered in primary care or the community, but reviews required for continuing PBS-funded treatment must be carried out by the specialist.

For more information on monoclonal antibody therapies see National Asthma Council Australia information paper.

Monoclonal antibodies currently available in Australia for severe refractory asthma

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Target</th>
<th>Asthma phenotype</th>
<th>Availability</th>
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<td>IgE</td>
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<td>Mepolizumab</td>
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<td>Benralizumab</td>
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<td>Dupilumab</td>
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From the Severe Asthma Toolkit
WHAT ROLE DO COMMUNITY PHARMACISTS PLAY IN THE NEW SYSTEM?

Mainstream hospital-based health services across the country are undergoing rapid change forced by the necessary adaptation to the COVID-19 pandemic, driven by the need to protect staff and patients and to protect capacity. Hospitals are re-purposing their physical spaces and aiming to mobilise other models of care, like specialist care in primary health, telehealth and care in the home.

As a consequence of these changes to the health system, community pharmacists may have the opportunity to oversee the delivery of MAb injections for patients with severe asthma.

WHAT’S MY ROLE IN GUARANTEEING ONGOING ACCESS TO BIOLOGICS AND INTEGRATED CARE FOR PEOPLE WITH SEVERE ASTHMA?

Many patients will be directed back to the community for the continuation of their specialised treatment. Patients will be relying on the various health service providers to communicate clearly and share information about their condition, treatment plans and follow up recommendations. Specialists and general practices will be collaborating strongly to support their patients in this transition by communicating care plans, including the provision of treatment prescriptions, discussing cases and discussing other treatment administration options, like manufacture-sponsored patient support programs and home-based self-administration.

Community pharmacists will be called on in these new arrangements to facilitate the supply of biologic treatments to patients for community-based administration, where this supply role has previously been fulfilled by hospital-based pharmacies.

HOW DO PATIENTS GET THEIR TREATMENTS WHICH ARE NORMALLY SUPPLIED BY HOSPITAL PHARMACIES?

Patients may need to be supported in their transition to obtaining the biologic injections at their community pharmacy. Patients, specialists and general practices are being encouraged to maximise timely communication of treatment requirements including the provision of the biologic prescription to their community pharmacy at least three days prior to the planned date of injection.

TREATMENT ADMINISTRATION OPTIONS FOR PATIENTS

There are currently a number of options for patients to receive their biologic treatment;

- Some will be able to continue their care with their specialist
- Some will be referred back to their GP for their care and regular injections
- Certain biologics are able to be self-administered at home with or without telehealth support
  - Mepolizumab (Nucala), benralizumab (Fasenra), dupilumab (Dupixent), and omalizumab (Xolair) are available in pre-filled syringes
- Certain biologics can be administered by registered nurses as part of the patient support program offered by a number of pharmaceutical companies
  - AstraZeneca (Fasenra/benralizumab)
  - GlaxoSmithKline (Nucala/mepolizumab)
HOW CAN I HELP THINGS RUN AS SMOOTHLY AS POSSIBLE?

Community pharmacists will be asked to supply the biologics, according to the patient’s prescription. Pharmacists will get the prescription from either the specialist or the patient and on dispensing, we recommend the pharmacist discuss with the patient:

- When and who will administer the injection
- When the next injection is due and how to arrange its supply
- Subscribing to alert or reminder services the pharmacy might have in place
- The patient’s general asthma health, adherence to their regular inhaled preventer medicines and review their device technique if time permits

OTHER KEY ISSUES TO REINFORCE DURING EACH ASTHMA ENCOUNTER

- Check adherence to preventer inhaler treatment
- Check possession of Written Asthma Action Plan
- Check inhaler device technique
- Check general health of patient
- Check the patient has an up-to-date medicines list

FURTHER INFORMATION

Australian Asthma Handbook –
National treatment guidelines for asthma
www.asthmahandbook.org.au

Severe Asthma Toolkit –
Information and resources
www.severeasthma.org.au

Patient support –
If you have questions, you can call 1800 ASTHMA (1800 278 462) or visit www.asthma.org.au/severe-asthma

Stay safe, stay well.

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