



**ASTHMA
AUSTRALIA**

SUPPORTING THE CONTINUITY OF BIOLOGIC (MAb)-BASED CARE

For patients with severe
asthma during the
COVID-19 pandemic



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**National
Asthma
Council** AUSTRALIA

Asthma Australia wishes to acknowledge NPS MedicineWise for their support and contribution in the review of this resource.

SUPPORTING THE CONTINUITY OF BIOLOGIC (MAB)-BASED CARE

For patients with severe asthma during the COVID-19 pandemic

This resource is designed for GPs who care for people with severe asthma where some aspects of care for these patients might transition back to general practice.

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.

Medicines that are funded by PBS are eligible 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

Drug name	Target	Asthma phenotype	Availability	Clinical recommendation
Omalizumab	IgE	Allergic asthma	PBS	Click here
Mepolizumab	IL-5	Eosinophilic asthma	PBS	Click here
Benralizumab	IL-5 Receptor	Eosinophilic asthma	PBS	Click here
Dupilumab	IL-4/IL-13 Receptor	Severe asthma with type 2 inflammation	PBS	Click here

From the [Severe Asthma Toolkit](#)





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

Patients will need to be supported in their transition to obtaining the biologic injections at their local pharmacy. It will be important that the pharmacy receive the biologic prescription as soon as it's available so they can arrange supply and assure timely availability. Pharmacies will need at least three days to guarantee supply so patients should be encouraged to provide their prescription to them at least three days prior to the planned date of injection.

WHAT ROLE DO GPs 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. 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, some general practices will 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 MY PATIENTS WITH SEVERE ASTHMA?

Many patients will be directed back to primary care 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. Practices can support their patients in this transition by:

- Providing ongoing administration of biologic injections
- Coordinating ongoing care and support according to the patient's severe asthma management plan
- Discussing further transition options with their patients, like biologic self-administration at home, telehealth-based home care or through manufacturer-sponsored home-based patient support program delivery.

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 your practice for their care and regular injections
- 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)
 - Sanofi (Dupixent/dupilumab)

HOW CAN I AND MY PRACTICE HELP THINGS RUN AS SMOOTHLY AS POSSIBLE?

Practices will need to adapt their business processes to accommodate the ongoing treatment and follow up needs of their patients with severe asthma, including the administration of biologic injections. Practices are encouraged to mobilise internal processes to assist in list management:

- Recalling and reviewing patients
 - Including updating Asthma Action Plan, checking inhaler device technique, managing comorbidities
- Sending reminders about biologic injections due
- Booking appointments
- Faxing scripts to pharmacies
- Updating practice with infrastructure and equipment to guarantee safe injection procedure
- Availing comprehensive documentation from treating specialists about the treatment plan and comprehensive patient history
- Work with patient to transition to telehealth mode
- Explore with patient patient-support program or home-based self-administration options if available for their treatment

Monoclonal antibody therapies must be prepared and administered by a doctor or registered nurse, using standard aseptic techniques and with appropriate facilities and monitoring for reactions such as anaphylaxis. Generally, the first doses are administered in the specialist's rooms, a day hospital or day procedure unit. During the COVID-19 forced transition, it may be necessary that they are administered by the GP or nurse in primary care, or nurse in the community. The patient should be directly observed by a health professional for 1 hour after the first dose of benralizumab or mepolizumab, and for 2 hours after the first three doses of omalizumab.

Current practice differs between states and territories. Manufacturer instructions for storing, preparing and administering the dose should be followed carefully. Storage of the injection in a refrigerator prior to administration may be required. At each maintenance dose, the patient should be monitored under direct observation by a health professional (e.g. registered nurse or GP) for at least 30 minutes after the injection.¹

¹ <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/monoclonal-antibody-therapy-for-severe-asthma>

OTHER KEY ISSUES

- Optimise preventer inhaler treatment
- Ensure possession of written Asthma Action Plan
- Check inhaler device technique
- Review and optimise general health

FURTHER INFORMATION

Australian Asthma Handbook –

National treatment guidelines for asthma
www.astmahandbook.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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Provider	Brand	Drug name	Contact
GlaxoSmithKline	Nucala	mepolizumab	1800 033 109 or mel.x.australia-medinfo@gsk.com
Novartis	Xolair	omalizumab	1800 671 203 or medinfo.phauno@novartis.com
AstraZeneca	Fasenra	benralizumab	1800 805 342
Sanofi	Dupilixent	dupilumab	1800 818 806