



SUPPORTING THE CONTINUITY OF ASTHMA CARE

For patients with severe
asthma during Coronavirus
(COVID-19) pandemic



**ASTHMA
AUSTRALIA**



**National
Asthma
Council** AUSTRALIA

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

- **Has your usual asthma clinic been interrupted?**
- **Are you finding it difficult or are you worried about losing contact with your specialist?**
- **Are you trying to avoid unnecessary outings to keep yourself and others safe?**

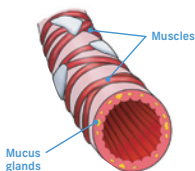
CONTINUING MY ASTHMA CARE DURING THE CORONAVIRUS (COVID-19) PANDEMIC

This resource is designed for people with severe asthma who are currently taking a biologic treatment (also referred to as a monoclonal antibody). This is GENERAL advice. If you have specific questions, please contact your specialist or GP.

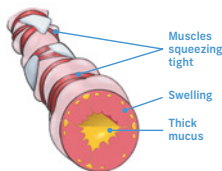
WHAT IS SEVERE ASTHMA?

Severe asthma is asthma that hasn't been well controlled despite the correct and regular use of prescribed high-dose preventer medicines and managing treatable factors. If you have severe asthma, it is likely that your doctor would have worked with you to increase the dose of your inhaled preventer medicine and control factors (eg, allergies, other conditions, lifestyle factors) in your life that affect your asthma. In addition to commonly prescribed asthma medicines, some people with severe asthma may be prescribed specialist treatment in the form of monoclonal antibody injections.

NORMAL OR WELL MANAGED ASTHMA AIRWAY



AIRWAYS DURING ASTHMA FLARE-UP



WHAT ARE MONOCLONAL ANTIBODY TREATMENTS (BIOLOGICS)?

Monoclonal antibody (biologic) treatments are targeted treatments in asthma which address the cause of the persistent inflammation which leads to your severe asthma symptoms.

They are given as regular injections every two to eight weeks and require a specialist to prescribe them. You might recognise the drugs as 'Nucala' (mepolizumab) or 'Fasenra' (benralizumab), 'Xolair' (omalizumab) and 'Dupixent' (dupilumab).

Monoclonal antibody therapy is only one element of your treatment plan to manage your asthma and is prescribed only when specific criteria has been met.

HEALTH SYSTEM CHANGES THROUGH CORONAVIRUS (COVID-19) AND WHAT THEY MEAN FOR YOU

The Coronavirus (COVID-19) pandemic has forced drastic changes in our society including the way Australian health services are organised. You may have already been contacted by your usual clinic about a change in the way they will continue the service, are having difficulties contacting your specialist or are avoiding clinic visits to protect yourself and others from becoming unwell.

In order to keep everybody safe, health services are needing to change the way they operate, which may result in a change to the running of hospital-based respiratory health services. While this may impact many patients, **under no circumstances is it intended that people with severe asthma lose access** to their important biologic treatment. It is critical that people with severe asthma continue to follow the advice of their treating health professional to maintain their treatment regimen, minimise their symptoms and asthma attacks and reduce their overall risk during this time. Health services and individual service providers have committed to ensuring ongoing access for you.

The information below has been developed to prepare you for the change you might experience so you can make a smooth transition to your new arrangements.

HOW CAN YOU GET YOUR BIOLOGIC TREATMENT?

Whether you have been using biologics for years, have recently started or are about to receive your first dose, processes are being established to enable you to continue your treatment.

Your specialist doctor will remain responsible for prescribing your biologic treatment and will work with you to decide how, where and when consultations can take place, how you will access your prescriptions and receive your ongoing treatment based on the options available.

HOW CAN YOU CONTINUE YOUR TREATMENT PLAN?

The various parts of the health system are working towards a shared care model, which enables care to be provided to people with severe asthma at home or closer to their home. This aims to protect patients from the risk of contracting the virus in health service settings and reduce the demand on available services in hospitals, where they may be needed to care for people with Coronavirus (COVID-19).

The options presented by your treating healthcare team or hospital for your ongoing treatment may include:

- Continuing to get your treatment and care plan monitored by your treating specialist
- Getting your care transferred from your specialist to your treating GP
- Enrolling in a patient support program if available, where a nurse can support you via telehealth or visit your home to give you your biologics
- Having your specialist and/or treating GP conduct your asthma consultations by telephone or video call from your home (telehealth)
- Changing your injection to a type you can give yourself, if available, with the training and support of your program nurse, specialist and/or treating GP.

Note that this may not be a complete list for you, and we encourage you to discuss all available options with your health care provider.



WHAT CAN YOU DO TO HELP?

These changing circumstances are challenging for everyone, but there are things we can all do to help adapt to our new situation. The first thing to do is prepare yourself for the change. Health services are adapting their services as well, as fast and effectively as they can under extremely enduring circumstances, and they need all of our patience and understanding.

Get in touch with your treating specialist ASAP

- Explore the potential for a telehealth consultation if due or in place of your next planned appointment
- Find out about any changes to your follow up plan
- Ask for a documented treatment plan to be sent to you and your GP. If you have a My Health Record account, ask for this to be updated with all of your asthma medical records
- Inform your specialist of the name and number of the GP you would like to manage your asthma, biologic treatment, and your preferred local pharmacy
- Confirm how your biologic prescription will be provided to you and what you need to do
- Discuss the possibility of enrolling in a patient support program to have your injections given at home
- Discuss the possibility of administering your biologic injection to yourself, in your home with the right training.

Get in touch with your local pharmacy about the need to fill your biologic script

- Whenever you get your authority prescription passed on to you, pass it on to your pharmacist as quickly as possible. Please ensure you provide your script to the pharmacist at least three days in advance of your scheduled injection so it can be ordered and ready for collection. You can check with your pharmacy whether they can accept the script via email or fax or have someone drop it off on your behalf
- The supply of biologic injections for community pharmacies can take some time, which is different to how it works in hospital pharmacies. This will be particularly important for people in rural and regional areas
- If a pharmacy is unable to supply the biologic for any reason, you should ask your pharmacist to call the manufacturer
- You might be required to collect your biologic injection from the pharmacy and take it to your GP or home so it can be given to you. If you are taking your biologic injection home prior to going to the GP, please ensure you keep it refrigerated. This will require you to be organised, so you can ensure that your biologic is available in time for when it needs to be injected.

WHAT CAN YOU DO TO HELP? CONT.

Book in for an appointment with your GP. This might be by telehealth or in person according to your clinic's protocol

- Discuss your asthma care and the ability of your GP to take on responsibility for your biologic injections
- Ask them to contact your specialist and ask for a documented care plan for your asthma
- Clarify the plan to have your biologic injections at the practice
- Ask for a review of your asthma control and your other medical conditions
- Discuss the possibility of enrolling in a patient support program at home, if you haven't asked your specialist already.

AND DON'T FORGET



- Keep using your preventer as prescribed and ensure you have your prescriptions for your next month of inhaled preventer treatment
- Ensure you have a 30 day supply of your preventer
- Ensure you have an up-to-date asthma action plan and that it reflects your current triggers
- Have your inhaler device technique checked
- Maintain rest, good overall health and wellbeing throughout the Coronavirus (COVID-19) period
- Keep your influenza and pneumococcal immunisations up to date
- Ensure you have an appointment for your regular six month follow up

If you have questions, you can call [1800 ASTHMA \(1800 278 462\)](tel:1800278462) or visit www.asthma.org.au/severe-asthma

Stay safe, stay well.



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