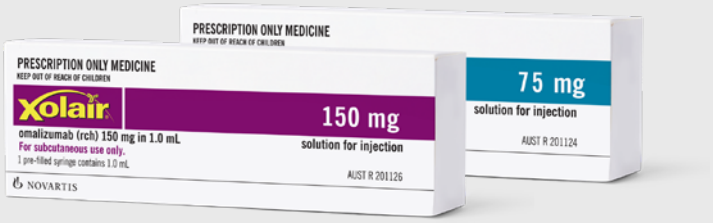
National Asthma Council AUSTRALIA

# MONOCLONAL ANTIBODY THERAPY FOR SEVERE ASTHMA

## Add-on treatment to high-dose ICS-LABA for patients with severe allergic or eosinophilic asthma


**Fasenra**
benralizumab 30mg/mL




**Xolair**
omalizumab 150mg • 75mg/0.5mL • 150mg/mL


**Dupixent**
dupilumab 200mg/1.14mL • 300mg/2mL


**Nucala**
mepolizumab 100mg/mL

### HOW DO BIOLOGICS WORK FOR ASTHMA?

Monoclonal antibody therapies are designed to block the clinical effects of type 2 inflammation by targeting either immunoglobulin E or interleukin cytokines in the inflammatory pathway. By blocking their action, biologics can reduce airway inflammation and improve asthma symptoms.

- Markedly reduces the rate of severe asthma exacerbations
- Improves asthma symptom control
- Reduces emergency department visits or hospitalisation
- Reduces the use of systemic corticosteroids

### RESOURCES

**TREATMENT GUIDELINES**

Australian Asthma Handbook: **asthmahandbook.org.au**

Monoclonal antibody therapy for severe asthma information paper for primary care health professionals

**USING YOUR MONOCLONAL ANTIBOBY THERAPY**
How-to videos, patient and practitioner information

**nationalasthma.org.au**

**HOW-TO VIDEOS**

SCAN ME

General practitioners can fast-track patients' access to monoclonal antibody therapy through regular review and early referral to an appropriate specialist.

**PBS PRESCRIBERS**

For PBS subsidy, patients must meet strict criteria for uncontrolled asthma despite optimised treatment, criteria for allergic status (omalizumab and dupilumab) and/or for eosinophilia (benralizumab, mepolizumab, dupilumab), and must be treated by a specialist (respiratory physician, clinical immunologist, allergist, or general physician experienced in the management of patients with severe asthma). Unless the diagnosis of severe asthma was made by a multidisciplinary severe asthma clinic team, the patient must be under the care of the same specialist for at least 6 months before becoming eligible for PBS subsidy. Measurement of biomarkers is required to guide selection, to determine doses and to demonstrate PBS eligibility. General practitioners cannot prescribe monoclonal antibody therapies for uncontrolled severe asthma under the PBS.

This chart was developed independently by the National Asthma Council Australia with support from AstraZeneca Australia, GlaxoSmithKline (GSK Australia), and Sanofi.