Asthma Biologics Homecare
Information for Academic Health Science Network Leads

What is homecare?

Homecare is a service that delivers ongoing medicine supplies and, where necessary, associated nursing care, initiated by the hospital prescriber, direct to the patient’s home with their consent. The purpose of the homecare medicines service is to improve patient care and choice of their clinical treatment. The benefits of using homecare for asthma biologic treatment is:

- It improves access to treatment as patients do not have to travel to the severe asthma centre for their continued care
- It increases capacity in the severe asthma centre to see new patients by freeing appointment slots
- There is a cost saving to the NHS as medicines delivered via homecare are V.A.T. exempt

Types of homecare services

A way of categorising homecare medicines services is by the route that they are funded which can be either, via the NHS or a product manufacturer (Pharma).

Pharma funded homecare services are where one or more homecare providers are commissioned by a manufacturer to provide a homecare service to the NHS or private patients.

The NHS is liable only for the cost of the product with the service costs funded by the pharma company. This is a key factor driving the use of these services within the NHS compared to NHS funded homecare services.

Manufacturers often establish pharma funded homecare schemes to improve the patient experience, product accessibility and availability of accurate usage data.

NHS funded homecare services are those which the NHS procures from the open homecare services market. Both product and service costs are payable by the local trust or commissioner. Services are procured at national, regional, and local level.

Homecare and asthma biologics

For an asthma biologic to be appropriate for homecare it must be available in an injectable form (autoinjector or prefilled syringe) that the patient can be taught how to use. The position of homecare availability with the currently available asthma biologics is shown in table 1.

Table 1. Asthma biologics homecare availability

<table>
<thead>
<tr>
<th>Asthma biologic</th>
<th>Available for homecare</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benralizumab (Fasenra)</td>
<td>Yes</td>
<td>AstraZeneca fund homecare</td>
</tr>
<tr>
<td>Mepolizumab (Nucala)</td>
<td>Yes</td>
<td>GlaxoSmithKline fund homecare</td>
</tr>
<tr>
<td>Omalizumab (Xolair)</td>
<td>Yes</td>
<td>NHS fund homecare</td>
</tr>
<tr>
<td>Reslizumab (Cinqaero)</td>
<td>No. Only available as an intravenous infusion.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Homecare providers

The three main homecare providers for asthma biologics are:

- HealthNet Homecare
- Lloyds Pharmacy
- Alcura
**Homecare data for asthma biologics**

An Asthma Biologics Homecare Dashboard (Figure 1) has been produced as part of the Accelerated Access Collaborative (AAC)/ Academic Health Science Network (AHSN) Asthma Biologics Programme. The dashboard shows:

- At a national level, the proportion of all drugs combined (benralizumab, mepolizumab and omalizumab) prescribed as homecare
- At a national level, the proportion of benralizumab and mepolizumab combined (excluding omalizumab) prescribed as homecare
- At AHSN and Trust level, the proportion of all and individual asthma biologics prescribed as homecare
- At Trust level, benchmarked homecare prescribing for individual asthma biologics

This data can be used to establish a baseline and track progress on improvement plans related to homecare.

**Improving homecare uptake**

AHSN leads can support improvement of homecare uptake in their area by:

- Contacting local Trusts to understand any challenges and opportunities
- Sharing relevant case studies and resources from the asthma biologics programme with service leads

**Resources**

Several resources are available to support Trusts establish and improve homecare services. These are listed below.

- Evidence to support early transition to homecare. [https://thorax.bmj.com/content/76/Suppl_1/A144.1](https://thorax.bmj.com/content/76/Suppl_1/A144.1) [https://thorax.bmj.com/content/76/Suppl_1/A144.2](https://thorax.bmj.com/content/76/Suppl_1/A144.2)

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**Table: AHSN: Measure: VMP Quantity**

<table>
<thead>
<tr>
<th>Trust</th>
<th>National</th>
<th>Measure: VMP Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Drugs</td>
<td>12.9%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Mepolizumab &amp; Benralizumab</td>
<td>47.1%</td>
<td>60.9%</td>
</tr>
<tr>
<td>All Drugs</td>
<td>Apr-20</td>
<td>May-20</td>
</tr>
<tr>
<td>Mepolizumab</td>
<td>53.1%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Omalizumab</td>
<td>6.6%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Benralizumab</td>
<td>27.3%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

**Figure 1: Snapshot of the Asthma Biologics Homecare Dashboard**