

## Guidance for completing the Rapid Uptake of Biologics Checker (RUBIC)

Severe asthma affects a relatively small number of patients with asthma. Unfortunately, such patients experience significant symptom burden, exacerbations, and are at greater risk of co morbidities associated with oral corticosteroids.

Monoclonal biologic therapy **may be** suitable for some patients with severe asthma. This treatment is only available at Severe Asthma Centres, following a clinical assessment by the Severe Asthma MDT. Monoclonal biologic therapy is reimbursed via Specialist commissioning, and patients need to meet the eligibility criteria indicated by NICE.

RUBIC has been developed to accelerate the assessment of patients with suspected severe asthma. It has been designed to capture the relevant clinical information required to enable the severe asthma MDT to consider the most appropriate treatment and ultimately reduce the time from referral to commencing treatment. It is not a replacement for routine asthma referrals, which should be made as per your local pathway.

This guidance has been produced to explain why the clinical information is required.

**Referrer details** - Enables timely correspondence and opportunity to discuss referral further

### Reason for referral 1 - Why is this important?

If a patient has been optimised as per national guidance and continue to have exacerbations/ poor symptom control, they may have severe asthma.

### Reason for referral 2 - Why is this important?

Asthma can be difficult to diagnosis and many patients has co morbidities which can mimic asthma. Please provide additional information in the box below

### SABAs - Why is this important?

Acts as a marker of poor control, over reliance on SABA

### All regular medication -Why is this important?

Demonstrates which treatment has been trialled, potential adverse effects of medication, which may be exacerbating asthma symptoms

**Please include prescription request for last 12 months, which assists with evidence of adherence**

### Eosinophil count - Why is this important?

This helps with diagnosing eosinophilic asthma  
NICE guidance stipulates the eosinophil count required to meet the criteria for biologics

### FeNO - Why is this important?

FeNO is a marker of airway inflammation and supports diagnosis of asthma.  
NICE guidance stipulates the FeNO level required to meet the criteria for biologics  
If you are unable provide, please document in additional information box

**SWAN Rapid Uptake of Biologics Checker (RUBIC)**  
Please complete and send electronically to your local asthma MDT if the patient fits criteria for potential asthma biologic treatment. **Regretfully, incomplete Checkers cannot be accepted**

Referrer information													
Referrer name:													
Date of referral:													
Email address:													
Referring organisation:													
Patient information													
Patient name:													
DOB:	NHS number:												
Mobile number:	Home phone no.												
Address:													
			<b>Please tick</b>										
I can confirm that the patient has been seen face to face in the practice by a medical professional within the last 6 weeks			<input type="checkbox"/>										
Reason for referral													
I think the patient may benefit from further assessment for potential asthma biologic treatment, as they continue to exacerbate despite optimum treatment			<b>Tick one box only</b>										
OR													
I would like the patient to be further assessed by the Airways MDT, as the asthma diagnosis is unclear			<input type="checkbox"/>										
Details													
How many asthma exacerbations have there been in the last 12 months?													
How many SABA inhalers has the patient been prescribed in the last 12 months?													
How many courses of oral steroids have they received for their Asthma in the last 12 months?													
What regular medications are the patient taking (please include inhalers and tablets. It would also be helpful to include the last year of prescriptions)?	Drugs and inhalers (devices)	Doses											
<table border="1"> <tr> <td>Is the patient's adherence to their inhaled treatment (please tick):</td> <td>Good (&gt;80%)</td> <td>Moderate (&lt;80%)</td> <td>Poor (&lt;50%)</td> <td>Anything less than an 80% collection rate may imply there is an adherence issue.</td> </tr> <tr> <td>Is the patient's inhaler technique (please tick):</td> <td>Good</td> <td>Moderate</td> <td>Poor</td> <td></td> </tr> </table>				Is the patient's adherence to their inhaled treatment (please tick):	Good (>80%)	Moderate (<80%)	Poor (<50%)	Anything less than an 80% collection rate may imply there is an adherence issue.	Is the patient's inhaler technique (please tick):	Good	Moderate	Poor	
Is the patient's adherence to their inhaled treatment (please tick):	Good (>80%)	Moderate (<80%)	Poor (<50%)	Anything less than an 80% collection rate may imply there is an adherence issue.									
Is the patient's inhaler technique (please tick):	Good	Moderate	Poor										
Date inhaler technique last checked face to face:													
Tests													
Please provide the eosinophil count (highest in last two years)	Result:	Date:											
Please provide the total IgE (highest in last two years)	Result:	Date:											
If available, please provide the FeNo (latest and highest in last two years)	Result:	Date:	Time:										
Any additional details/relevant co-morbidities?													
<p>Please send this form to: SWSevereAsthmaNetwork@somersetft.nhs.uk Where it will be sent on to your local severe asthma team</p> <p>Your patient may potentially be suitable for further assessment with a view to biologic treatment if they have documented severe allergic and/or eosinophilic asthma but continue to exacerbate or have hospital admissions despite maximal treatment to which they adhere and take correctly. The severe asthma team will assess further in the context of co-morbidities</p>													

**Patient details** -Ensures are contact details correct. Enables the patient to be discussed at their nearest Severe Asthma Centre, and enables to MDT to review relevant accessible information

### Face to Face Review - Why is this important?

Ensures that the patient has been clinically reviewed and assessed. This should include a review of history, symptoms and inhaler technique and adherence to prescribed treatment

### Exacerbations - Why is this important?

NICE guidance for biologic therapies stipulates the number of exacerbations a patient needs to have experienced in the previous year

### Oral Steroids - Why is this important?

Two or more courses in the past 12 months or the need of maintenance oral steroids (for asthma), is an indicator of severe asthma

### Adherence - Why is this important?

NICE guidance for the biologic therapies stipulates that patients are adherent with recommended treatment. Reviewing prescription requests to help gauge adherence

### Inhaler technique - Why is this important?

This supports and demonstrates optimisation of treatment and adherence.  
**Please include the date it was checked face to face**

### IgE level - Why is this important?

This helps with diagnosing allergic asthma  
NICE guidance stipulates the IgE level required to meet the criteria for biologics (If you are unable provide, please note in additional information box)

### Any additional information

Please include any relevant information e.g., previous life-threatening asthma exacerbations, co morbidities, psychological issues etc.

## Useful information

### What to tell patients you when you refer?

It is important to manage patients' expectation, as a referral does not guarantee biologic therapy.

Please explain that you are referring to the severe asthma centre for assessment and advice. This may result in an outpatient appointment (virtual or face to face) and additional investigations may be required.

### What happens the RUBC form?

The RUBIC is submitted to the SW asthma Network MDT coordinator via our secure nhs email address ([SWSevereAsthmaNetwork@somersetft.nhs.uk](mailto:SWSevereAsthmaNetwork@somersetft.nhs.uk)), who will review the form and forward to your local severe asthma centre. We may ask for additional information to support the referral. If essential information is missing, the referral will be rejected.

### When can you expect to know the outcome of the referral?

The severe asthma MDT meetings occur at least monthly, and referrals will be discussed at the following MDT meeting. We will aim to inform you of the outcome of the initial discussion within 1 month of accepting the referral

### Who to contact if you have any questions?

Please contact us on the generic secure nhs email address [SWSevereAsthmaNetwork@somersetft.nhs.uk](mailto:SWSevereAsthmaNetwork@somersetft.nhs.uk)