

# Queensland Community Pharmacy Pilot

## Pilot clinical protocols for the chronic conditions

### Summary of updates: 7 April 2026

This summary outlines key updates made to the Queensland Community Pharmacy Chronic Conditions Management Pilot (the Pilot) clinical protocols as part of a routine review process concluded in March 2026. These updates have been made to ensure currency and alignment with contemporary practice and improve clarity and usability for pharmacists.

**This summary is not an exhaustive list of all updates made to the Pilot clinical protocols**, and pharmacists are expected to familiarise themselves with the updated clinical protocols as a requirement of ongoing participation in the Pilot. The updated clinical protocols can be located [here](#).

### General updates across all clinical protocols

Section	What's new
Eligibility and referral criteria	<ul style="list-style-type: none"> <li><i>Referral</i> and <i>Eligibility</i> criteria combined into <i>Eligibility</i> section for clarity.</li> <li>Criteria updated in the <i>Eligibility</i> section in line with contemporary guidance, including updates to the Australian Asthma Handbook.</li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li>New <i>Treat (if clinically appropriate) and concurrently refer</i> section added, to clearly identify patient criteria that require concurrent referral along with treatment (if indicated).</li> </ul>
Overview of the Program	<ul style="list-style-type: none"> <li>Guidance clarified regarding patients who are appropriate for enrolment in the relevant Program, and the entry points.</li> </ul>
Figure 1	<ul style="list-style-type: none"> <li>Figure 1 updated to reflect updates made across the protocol.</li> </ul>
Pharmacotherapy	<ul style="list-style-type: none"> <li>Advice updated to clarify that combination products that only include medicines able to be prescribed under the Program can be prescribed, if indicated.</li> </ul>
Appendices	<ul style="list-style-type: none"> <li>Link to editable Lifestyle prescription and CVD Risk Management Plan added.</li> <li>Updates made across appendices in line with contemporary guidance.</li> </ul>

### Updates to the clinical protocols

Section	What's new
<b>Improved Asthma Symptom Control Program clinical protocol</b>	
<b>*Protocol updated significantly to align with contemporary management and the updated <i>Australian Asthma Handbook</i>.</b>	
Throughout protocol	<ul style="list-style-type: none"> <li>Updated terminology when referring to:               <ul style="list-style-type: none"> <li>severity of asthma (mild to moderate asthma terminology removed)</li> <li>asthma exacerbations and acute asthma</li> </ul> </li> </ul>

Section	What's new
	<ul style="list-style-type: none"> <li>- pharmacotherapy (i.e., rapid-acting bronchodilators (rather than relievers), inhaled corticosteroid-containing medicines (ICS; rather than preventers)).</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Updates made to the ineligibility criteria listed in the <i>Eligibility</i> section, to include: <ul style="list-style-type: none"> <li>- patients experiencing respiratory distress</li> <li>- chest tightness or discomfort during/after exercise experience (without other symptoms of asthma)</li> <li>- clinical features or symptoms suggestive of a respiratory condition other than asthma that is not suitable for management under the Program</li> <li>- management of patients currently receiving specialist care without a written referral from specialist or <u>general practitioner</u> to participate in the Program.</li> <li>- history of anaphylaxis</li> <li>- alarm signs and symptoms</li> <li>- history of severe asthma exacerbation/s</li> <li>- poor asthma symptom control despite Level 3 pharmacotherapy, requiring treatment consistent with Level 4 pharmacotherapy</li> <li>- current/equivalent Level 4 pharmacotherapy</li> <li>- previous diagnosis of severe asthma or restrictive lung disease</li> <li>- FEV1 &lt;60% predicted</li> <li>- history of moderate or severe COPD</li> <li>- type 1 diabetes</li> <li>- poorly controlled type 2 diabetes</li> <li>- heart failure, pulmonary hypertension or Cor pulmonale</li> <li>- suspected or confirmed food allergy</li> <li>- history of sudden-onset acute asthma.</li> </ul> </li> <li>• Criterion previously embedded within the main text updated into the <i>Eligibility</i> section (these patients remain <b>ineligible</b> for the Program): <ul style="list-style-type: none"> <li>- contraindications to spirometry (that will not resolve with time) and who do not have an existing diagnosis of asthma</li> <li>- spirometry results that: <ul style="list-style-type: none"> <li>• are difficult to interpret, or unexpected for asthma</li> <li>• indicate alarm symptoms or findings.</li> </ul> </li> </ul> </li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Criteria removed from the <i>Eligibility</i> section (these patients are now <b>eligible</b> to be treated under the Program): <ul style="list-style-type: none"> <li>- patients who have chronic kidney disease</li> <li>- patients with mild COPD.</li> </ul> </li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li>• Criteria revised and <b>new criteria added</b> into this section (these patients <b>are eligible</b> to be treated under the Program but must be concurrently referred): <ul style="list-style-type: none"> <li>- symptoms and features that favour both asthma and mild COPD where there is no diagnosis of co-existing mild COPD</li> <li>- suspected respiratory bacterial infection that requires antibiotic therapy</li> <li>- well controlled type 2 diabetes</li> <li>- requiring ≥12 short-acting beta2 agonist (SABA) canisters in a year</li> <li>- suspected or confirmed aspirin or non-steroidal anti-inflammatory drug-exacerbated respiratory disease.</li> </ul> </li> </ul>
Patient history	<ul style="list-style-type: none"> <li>• Additional/expanded considerations relevant to Asthma case taking.</li> <li>• Updated recommendation for the management of patients with features of both <b>mild</b> COPD and asthma or diagnosed with co-existing <b>mild</b> COPD and asthma.</li> </ul>
Physical examination	<ul style="list-style-type: none"> <li>• Guidance updated regarding physical examination.</li> </ul>
Conduct (or refer for) spirometry testing	<ul style="list-style-type: none"> <li>• Updated guidance on when spirometry is recommended, including that if the patient has recently been diagnosed (and has had spirometry), this does not need to be repeated to establish baseline performance.</li> </ul>

Section	What's new
	<ul style="list-style-type: none"> <li>• Clarification of recommendation to manage the patient under the Program until spirometry can be undertaken (if required) if unable to conduct spirometry in the community pharmacy setting and access to an external healthcare provider performing spirometry is delayed.</li> <li>• Guidance regarding performing spirometry updated.</li> </ul>
Interpret spirometry testing	<ul style="list-style-type: none"> <li>• Addition of the <i>National Asthma Council Australia Spirometry Handbook for Primary Care</i> as a resource.</li> </ul>
Assess symptom control	<ul style="list-style-type: none"> <li>• Guidance updated regarding symptom control assessment.</li> </ul>
Non-pharmacological measures	<ul style="list-style-type: none"> <li>• Updated self-monitoring guidance and allergen avoidance measures.</li> <li>• Addition of guidance on thunderstorm asthma.</li> <li>• Addition of guidance on immunisation.</li> <li>• Updated guidance on other non-pharmacological measures.</li> </ul>
Pharmacotherapy	<ul style="list-style-type: none"> <li>• Updated guidance on how to manage patients entering the Program with an existing medicine regimen, and when modifying or adjusting therapy may be required.</li> <li>• Guidance added to consider the pharmacotherapy recommendations in the current version of the <i>Australian Asthma Handbook</i> in conjunction with the <i>Therapeutic Guidelines</i>, and that if the <i>Australian Asthma Handbook</i> and <i>Therapeutic Guidelines</i> differ, to refer to the <i>Australian Asthma Handbook</i> when making clinical decisions.</li> <li>• Pharmacotherapy recommendations revised to align with contemporary management, including: <ul style="list-style-type: none"> <li>- ICS being indicated for all adults and adolescents with asthma, and should never be withdrawn completely/deprescribed</li> <li>- new recommended treatment levels, and the addition of a 'recommended' and 'alternative' option for each level</li> <li>- short-acting beta<sub>2</sub> agonists not being appropriate to be used alone as-needed, without concomitant ICS</li> <li>- montelukast no longer having a role in the routine management of asthma in adolescents and adults, and that a pharmacist must not <b>initiate</b> treatment under the Program</li> <li>- management considerations added for co-existing asthma and COPD, or patients with features of both conditions</li> <li>- updated guidance on adjusting pharmacotherapy (step up, step down, or switching from 'alternative' to 'recommended' treatment)</li> <li>- updated guidance on the management and treatment of asthma exacerbations and acute asthma, including circumstance where patients require oral corticosteroids, and the quantity to be prescribed.</li> </ul> </li> </ul>
Clinical review and ongoing collaboration	<ul style="list-style-type: none"> <li>• Revised clinical review timeframes.</li> <li>• Addition of requirement for monitoring and review of conditions that impact on asthma control and/or management (Appendix 2).</li> </ul>
<b>Chronic Obstructive Pulmonary Disease (COPD) Monitoring Program clinical protocol</b>	
<p><b>*New guidance added to protocol:</b> Manage patients with symptoms and features of mild COPD and asthma (including those with a diagnosis of co-existing asthma and mild COPD) who are eligible for the <i>COPD Monitoring Program</i> under the clinical protocol for the <i>Improved Asthma Symptom Control Program</i>.</p>	
Eligibility criteria	<ul style="list-style-type: none"> <li>• Updates made to the ineligibility criteria listed in the <i>Eligibility</i> section, to include: <ul style="list-style-type: none"> <li>- patients experiencing respiratory distress</li> <li>- chest tightness or discomfort (without other symptoms of COPD)</li> <li>- suspected respiratory condition other than COPD that is not suitable for management under the Program</li> </ul> </li> </ul>

Section	What's new
	<ul style="list-style-type: none"> <li>- management of patients currently receiving specialist care without a written referral from specialist or <u>general practitioner</u> to participate in the Program</li> <li>- new/poorly controlled mental health condition</li> <li>- FEV<sub>1</sub> &lt;60% predicted</li> <li>- history of moderate and severe COPD</li> <li>- complex cardiovascular disease</li> <li>- vascular or cerebrovascular conditions</li> <li>- alarm signs/symptoms</li> <li>- type 1 diabetes or poorly controlled type 2 diabetes</li> <li>- worsening of COPD symptoms despite adequate management or at Step 3 pharmacotherapy and requiring treatment consistent with triple inhaler therapy.</li> <li>• Criterion previously embedded within the main text updated into the <i>Eligibility</i> section (these patients remain <b>ineligible</b> for the Program): <ul style="list-style-type: none"> <li>- contraindications to spirometry (that will not resolve with time)</li> <li>- spirometry results that: <ul style="list-style-type: none"> <li>• are difficult to interpret, or unexpected for COPD</li> <li>• indicate alarm symptoms or findings.</li> </ul> </li> </ul> </li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Criteria removed from the <i>Eligibility</i> section (these patients are now <b>eligible</b> to be treated under the Program): <ul style="list-style-type: none"> <li>- patients with asthma*</li> <li>- patients with symptoms and features that favour both asthma and mild COPD*.</li> </ul> </li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li>• Criteria revised and <b>new criteria added</b> into this section (these patients <b>are eligible</b> to be treated under the Program but must be concurrently referred): <ul style="list-style-type: none"> <li>- well controlled type 2 diabetes</li> <li>- stable/ well controlled mental health condition</li> <li>- signs and symptoms of cognitive impairment or diagnosis of dementia or another neurocognitive condition</li> <li>- suspected bacterial infection that requires antibiotic therapy</li> <li>- patients aged &lt;45 years not investigated for alpha1-antitrypsin deficiency.</li> </ul> </li> </ul>
Overview of the Program	<ul style="list-style-type: none"> <li>• Addition of pulmonary rehabilitation and lung cancer screening as interventions that may be recommended.</li> </ul>
Figure 1	<ul style="list-style-type: none"> <li>• Removed Piko-6 screening device as no longer available in Australia.</li> <li>• Revised timeframe for contraindications to initial testing with a COPD screening device.</li> </ul>
Targeted case finding	<ul style="list-style-type: none"> <li>• Addition of note that case-finding using a COPD screening device is for screening purposes only and does not replace spirometry to determine diagnosis.</li> </ul>
Program eligibility	<ul style="list-style-type: none"> <li>• Addition of recommendation to encourage smoking cessation, even if the patient is ineligible for the Program.</li> </ul>
Patient history	<ul style="list-style-type: none"> <li>• Additional/expanded considerations relevant to COPD case taking.</li> <li>• Additional clarity provided regarding bronchodilator use.</li> <li>• Updated symptoms of stable COPD (Table 1).</li> <li>• Updated recommendation for the management of patients with features of both <b>mild</b> COPD and asthma or diagnosed with co-existing <b>mild</b> COPD and asthma. Clarification added to manage these patients (if eligible for the COPD Monitoring Program) under the Improved Asthma Symptom Control Program clinical protocol.</li> </ul>
Assess COPD severity	<ul style="list-style-type: none"> <li>• Addition of assessment of impact of symptoms.</li> <li>• Addition of recommendation on timing of assessment for severity of COPD.</li> </ul>

Section	What's new
	<ul style="list-style-type: none"> <li>Change in name of COPD impact screening tool from CAT to Chronic Airways Assessment Test (CAAT).</li> <li>Addition of Modified Medical Research Council (mMRC) Dyspnoea Scale to assess COPD symptoms.</li> </ul>
Conduct spirometry	<ul style="list-style-type: none"> <li>Updated requirement regarding the recency of spirometry results from within the previous 3 months to within the previous 12 months.</li> <li>Clarification of recommendation to manage the patient under the Program until spirometry can be undertaken (if required).</li> <li>Guidance regarding performing spirometry updated.</li> </ul>
Develop and implement a management plan	<ul style="list-style-type: none"> <li>Removal of <i>Australian Medicines Handbook (AMH)</i> as a primary resource for the development of a COPD Action Plan and Lifestyle prescription.</li> <li>Addition of new subsection '<i>COPD action plan and lifestyle prescription</i>'.</li> </ul>
Non-pharmacological	<ul style="list-style-type: none"> <li>Updated vaccination recommendations.</li> <li>Addition of lung cancer screening referral for eligible patients.</li> </ul>
Pharmacotherapy	<ul style="list-style-type: none"> <li>Updated guidance on how to manage patients entering the Program with an existing medicine regimen, and when modifying or adjusting therapy may be required.</li> <li>Updated inhaler considerations, and addition of Lung Foundation resource on inhaler technique.</li> <li>Addition of resource to assess COPD exacerbation severity and differentiate this from other conditions that present with dyspnoea.</li> <li>Updated detail regarding appropriate self-management of symptoms consistent with mild and moderate COPD exacerbations, including circumstances where patients require oral corticosteroids, and the quantity to be prescribed.</li> </ul>
<b>Cardiovascular Disease (CVD) Risk Reduction Program – CVD risk assessment and hypertension management clinical protocol</b>	
Eligibility	<ul style="list-style-type: none"> <li>Updates made to the ineligibility criteria, to include: <ul style="list-style-type: none"> <li>management of patients currently receiving specialist care without a written referral from specialist or <u>general practitioner</u> to participate in the Program.</li> <li>retinopathy, neuropathy or nephropathy</li> <li>poorly controlled asthma, moderate or severe chronic obstructive pulmonary disease (COPD), severe obstructive sleep apnoea (OSA) or another serious respiratory illness</li> <li>current deep vein thrombosis</li> <li>current pulmonary embolism or history of pulmonary embolism</li> <li>suspected hypertension with a secondary cause</li> <li>total cholesterol <math>\geq 7.5</math> mmol/L, LDL-C <math>\geq 5.0</math> mmol/L or triglycerides <math>\geq 6</math> mmol/L</li> <li>severe hyperglycaemia or, blood glucose level <math>\geq 20.0</math> mmol/L, or hypoglycaemia</li> <li>inability to reach (and stabilise) blood pressure clinical target after 4-6 weeks of treatment with 2 first line antihypertensives at maximum tolerated doses.</li> </ul> </li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>Criteria removed from the <i>Eligibility</i> section (these patients are now <b>eligible</b> for the Program): <ul style="list-style-type: none"> <li>well controlled asthma</li> <li>mild COPD.</li> </ul> </li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li>Criteria revised and <b>new criteria added</b> into this section (these patients <b>are eligible</b> to be treated under the Program but must be concurrently referred): <ul style="list-style-type: none"> <li>type 2 diabetes managed with insulin</li> <li>history of deep vein thrombosis but are not currently on any antithrombotic therapy.</li> </ul> </li> </ul>

Section	What's new
Estimate type 2 diabetes risk	<ul style="list-style-type: none"> <li>Type 2 diabetes risk assessment recommendations updated.</li> </ul>
Estimate CVD risk	<ul style="list-style-type: none"> <li>CVD risk assessment recommendations updated. <ul style="list-style-type: none"> <li>Patients who have moderate to severe chronic kidney disease or familial hypercholesteremia are predetermined to be at high CVD risk. A CVD risk assessment does not need to be calculated in these patients.</li> <li>For patient already receiving pharmacological therapy to reduce CVD risk or who have previously been assessed at high-risk, review individual risk factors. Formal reassessment of CVD risk is not recommended.</li> </ul> </li> </ul>
Review test results	<ul style="list-style-type: none"> <li>Updates made to 'who and when' the recommended tests are carried out – see Table 1.</li> </ul>
Pharmacotherapy	<ul style="list-style-type: none"> <li>Updated blood pressure cutoff for pharmacotherapy recommendations in patients <math>\geq 45</math> years (<math>\geq 30</math> years for Aboriginal and Torres Strait Islander people) with intermediate CVD risk.</li> </ul>
Appendix 1 – Guidance for reviewing test results	<ul style="list-style-type: none"> <li>Updated cholesterol reference levels in Table 7.</li> <li>Updated normal uACR recommendation.</li> </ul>
<b>Cardiovascular Disease (CVD) Risk Reduction Program – blood glucose management clinical protocol</b>	
Eligibility	<ul style="list-style-type: none"> <li>Updates made to the ineligibility criteria listed in the <i>Eligibility</i> section, to include: <ul style="list-style-type: none"> <li>management of patients currently receiving specialist care without a written referral from specialist or <u>general practitioner</u> to participate in the Program.</li> <li>retinopathy, neuropathy or nephropathy</li> <li>poorly controlled asthma, moderate or severe chronic obstructive pulmonary disease (COPD), severe obstructive sleep apnoea (OSA) or another serious respiratory illness</li> <li>current deep vein thrombosis</li> <li>current pulmonary embolism or a history of pulmonary embolism</li> <li>total cholesterol <math>\geq 7.5</math> mmol/L, LDL-C <math>\geq 5.0</math> mmol/L or triglycerides <math>\geq 6</math> mmol/L</li> <li>inability to reach clinical targets within appropriate timeframe despite 2 antihyperglycemic medicines at optimal dose.</li> </ul> </li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>Criteria removed from the <i>Eligibility</i> section (these patients are now <b>eligible</b> to be treated under the Program): <ul style="list-style-type: none"> <li>well controlled asthma</li> <li>mild COPD.</li> </ul> </li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li><b>New criterion</b> added in this section (these patients <b>are eligible</b> to be treated under the Program but must be concurrently referred): <ul style="list-style-type: none"> <li>history of deep vein thrombosis but are not currently on any antithrombotic therapy.</li> </ul> </li> </ul>
Monitoring and clinical targets	<ul style="list-style-type: none"> <li>Recommendation for serum B12 testing added for patients taking metformin (Table 2).</li> <li>Review timeframe recommendations (Table 3) for HbA1c updated with different recommendations for patients who are newly diagnosed or undergoing therapeutic changes.</li> </ul>
Patient self-management	<ul style="list-style-type: none"> <li>Reminder added to advise patients to withhold metformin or GLP-1 receptor agonist if they have vomiting, diarrhoea, or are not eating much.</li> </ul>
Clinical review and ongoing collaboration	<ul style="list-style-type: none"> <li>Revised clinical review timeframes.</li> </ul>
<b>Cardiovascular Disease (CVD) Risk Reduction Program – lipid modification clinical protocol</b>	

Section	What's new
Eligibility	<ul style="list-style-type: none"> <li>• Updates made to the ineligibility criteria listed in the <i>Eligibility</i> section, to include: <ul style="list-style-type: none"> <li>- management of patients currently receiving specialist care without a written referral from specialist or <u>general practitioner</u> to participate in the Program.</li> <li>- retinopathy, neuropathy or nephropathy</li> <li>- poorly controlled asthma, moderate or severe chronic obstructive pulmonary disease (COPD), severe obstructive sleep apnoea (OSA) or another serious respiratory illness</li> <li>- current deep vein thrombosis</li> <li>- current pulmonary embolism or history of pulmonary embolism</li> <li>- severe hyperglycaemia or blood glucose level <math>\geq 20.0</math> mmol/L), or hypoglycaemia</li> <li>- abnormal lipid profile (but not severely elevated levels), and CVD risk cannot be determined as they are in a population that the risk calculator is not validated for (e.g. 18-29 years old).</li> <li>- dyslipidaemia with a secondary cause</li> <li>- unable to reach lipid levels clinical targets after 6 months of lipid modifying therapy.</li> </ul> </li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Criteria removed from the <i>Eligibility</i> section (these patients are now <b>eligible</b> to be treated under the Program): <ul style="list-style-type: none"> <li>- well controlled asthma</li> <li>- mild COPD.</li> </ul> </li> </ul>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> <li>• Criteria revised and <b>new criteria added</b> into this section (these patients <b>are eligible</b> to be treated under the Program but must be concurrently referred): <ul style="list-style-type: none"> <li>- type 2 diabetes managed with insulin</li> <li>- history of deep vein thrombosis but not currently on any antithrombotic therapy.</li> </ul> </li> </ul>
Pharmacotherapy	<ul style="list-style-type: none"> <li>• Pharmacotherapy approach to lipid modification consolidated into Table 1.</li> <li>• Referral recommendation added for patients with abnormal lipid levels (but not severe hyperlipidaemia) who cannot have their CVD risk calculated.</li> </ul>