

UK Biologics Checklist



Patient Details:

Date:

Consultant & Nurse:

Diagnosis:

Previous systemic therapy:

Other medication:

Baseline PASI		Baseline DLQI		Baseline PEST	
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Medical History			Comments
Demyelinating disease in person or family, i.e. first-degree relative (e.g. MS: optic neuritis)	Y	N	
Signs and symptoms of active TB	Y	N	
Past H/O TB or close family member contact with active TB	Y	N	
H/O Hep B, Hep C, HIV	Y	N	
H/O allergies (e.g. latex, egg)	Y	N	
Past history of malignancy (except NMSC)	Y	N	
H/O cardiac failure	Y	N	
H/O heavy smoking (>20/day)	Y	N	
Planned surgery (if yes, follow guidelines)	Y	N	
Contraception (if relevant, follow guidelines)	Y	N	
Immunosuppression in last 3 months	Y	N	
Phototherapy			
• >200 PUVA	Y	N	
• >350 UVB	Y	N	

Vaccination and Screening			Comments
H/O BCG vaccination	Y	N	
Recommend pre-treatment vaccinations (if serology -ve and delay acceptable)			
• Influenza	Y	N	
• Pneumococcal	Y	N	
• Varicella zoster	Y	N	
Mammogram (if relevant)	Y	N	Date:
Last cervical smear (if relevant)	Y	N	Date:

Clinical Examination			Comments
Height	Y	N	
Weight	Y	N	
Waist measurement	Y	N	
Baseline BP	Y	N	
Full skin examination	Y	N	
Lymphadenopathy	Y	N	
Hepatosplenomegaly	Y	N	

Disclaimer: This checklist was developed by the Therapy & Guidelines sub-committee with inputs from the Biologics Register Steering sub-committee and the wider BAD membership during a consultation period, and is based on the BAD clinical guidelines for biologic interventions for psoriasis 2009 (Smith et al.). This checklist will be reviewed once the biologic guideline is updated; please forward any comments that you may have to clinicalstandards@bad.org.uk for consideration at that stage.

Screening Investigations	Date	Results
TB Screening <ul style="list-style-type: none"> • CXR and tuberculin skin test (TST or Mantoux) if NO immunosuppression in last 3 months <input type="checkbox"/> • CXR and IGRA (TB ELISpot/QuantIFERON®-TB gold test) if immunosuppressed <input type="checkbox"/> • Refer ALL patients to local TB service with a H/O previously treated TB, or who have had close contact with a case of active TB <input type="checkbox"/> 		
Bloods <ul style="list-style-type: none"> • FBC/ESR <input type="checkbox"/> • Renal function <input type="checkbox"/> • LFT <input type="checkbox"/> • Hep B/Hep C <input type="checkbox"/> • HIV <input type="checkbox"/> • VZV serology <input type="checkbox"/> • ANA/dsDNA <input type="checkbox"/> • Fasting lipids/glucose <input type="checkbox"/> 		
<ul style="list-style-type: none"> • Urinalysis <input type="checkbox"/> • Pregnancy test (if relevant) <input type="checkbox"/> 		

Entry into BADBIR	Y	N
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Doctor discussed side effects/patient leaflet with patient:	Sign:	Date:
Risk of infection, malignancy, demyelination: Advise on avoiding live vaccines 2 weeks before, during and 6 months after		
Consent of the patient:	Sign:	Date:

Monitoring	Months										
	3	6	12	18	24	30	36	42	48	54	60
FBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasting lipids/glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DLQI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date											
ANA			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
TB ELISpot											
Flu vaccine			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Cancer screening*			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PEST			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Weight			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Date											
Pneumovax®											<input type="checkbox"/>
Date											

*age & gender - national programmes