

Drug Pre-requisite Form- Biologic Therapy

(Kindly note that filling all the fields below is mandatory)

Patient's details:

Patient's Name:	Date of Birth:
Gender: M : <input type="radio"/> F : <input type="radio"/>	Weight:

Diagnosis and Drug Request details:

1. Date of request:
2. Please mark the type of request: <ul style="list-style-type: none"> <input type="checkbox"/> Initiation (section 1-10) <input type="checkbox"/> Refill (section 11) <input type="checkbox"/> Switch (section 12) <input type="checkbox"/> Dose/frequency changes (section 13)
3. Current Diagnosis:
4. History of the illness: <ul style="list-style-type: none"> - Onset: - Presenting Features: - Diagnostic Tests:

- Initial Therapy:

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5. Past Medical History:

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6. Please clarify if the patient has a current or a history of any of the following diseases:

- Tuberculosis
- Hepatitis B or C
- HIV

If "YES" kindly specify and list the current given treatment:

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Kindly note that it is mandatory to attach laboratory reports for the diseases

Any reports attached: Yes: No:

7. Kindly choose the Diagnosis-related score:

- DAS 28
- ASDAS-CRP/BASDA
- PASI /BSA.....
- CDAI/ PCDAI (if applicable)
- PsARC /DAPSA.....
- UCDAI/PUCAI (if applicable)
- JIA assessment

8. Received Medication history (kindly specify and NSAIDs/DMARDs/ Or others):

Drug name	From - To	Duration (by month)
	-	months
	-	months
	-	months
	-	months
	-	months
	-	months
	-	months

9. Radiological Findings " if applicable" (Recent and previous reports that confirms the progression of the disease):

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Kindly attach the reports if available:

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10. Medical Justification to start Biologic DMARDs Drugs:

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11. In case of refill requests, kindly clarify the effect/response of the Biologic DMARDs agent supported by the following:

- A.** Diagnostic Score readings post biologics administration.
- B.** Recent relevant laboratory tests and results
- C.** Duration of administration (3 months, 6 months)
- D.** Any Adverse events, if yes, please specify
- E.** Lack/Loss of benefit (eg. Not responding to Biologic DMARDs drugs)

A =
 B =
 C =
 D =
 E =

12. In case of switching between DMARDs, kindly clarify the following:

- Indications for switching:

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- Recent disease score:

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- Recent relevant laboratory tests and results:

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13. In case of Dose or Frequency changes:

- Indications to change the dose/frequency or re-induce:

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- Recent disease score:

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- Recent relevant laboratory tests and results:

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