

Checklist for Initiation of Biologics

Aim	Assessment	Personnel Involved
1. Confirm diagnosis of	Asthma that remains uncontrolled despite:	Pulmonologist and
severe asthma	Maximal inhaler therapy	multidisciplinary team
	Optimisation of all other treatable factors and	(asthma nurse, Pharmacist)
	comorbidities, including adherence	
2. Assess asthma phenotype	Allergic	Pulmonologist,
and relevant comorbidities	Eosinophilic	multidisciplinary team for
	Mixed allergic and eosinophilic	relevant co-morbidities
	Non-T2	
3. Choosing the right	Asthma phenotype	Pulmonologist, asthma nurse,
biologic therapy for patient	Co-morbidities	pharmacist
	Lung function	
	Steroid dependence	
	Patient preference	
	Financial	
4. Biologic counselling	Disease education	Pharmacist, Asthma nurse
	Importance of continued adherence to inhalers	
	Dosing (2-weekly, 4-weekly or 8-weekly)	
	Expected benefits	
	Potential side effects	
	Medication interactions	
	Self-injection technique (start from 4 th dose or	
	earlier depending on patient's comfort)	
	Medication storage	
5. Financial counselling	Self-pay	Asthma nurse, pharmacist,
	Private insurance coverage	medical social worker
	Medifund eligibility	

This is a guide only and reflects current practice at Singapore General Hospital.