Please complete or attach patient sticker:	Follow-up Number Was the most recent clinic appointment conducted: In Clinic Remotely Date of most recent appointmen	Biologics and Immunomodulators Register BADBIR ID
BAD Biologics and Immuno	modulators Register Cl	inical Follow-Up Questionnaire
Psoriasis Treatment		
Since the patient's last follow up have the	re been any changes to their <u>biolo</u>	gic therapy? Yes
If yes, please record all changes:		No
Batch Dose / Drug Number unit	requency Date started (ddmmyy)	Date of final dose (<i>ddmmyy</i>) Stop reason*
If a new drug start: Was the recommended opening schedule followed?: Yes No Currently unknown	Were any scheduled doses missed? is includes deviation from recommended opening schedule. If yes please record details:	*please record an adverse event if appropriate*
If Infliximab, Ilumetri, Skyrizi or Stelara pleas	biovide the administration dates.	RECOMMENDED OPENING SCHEDULES:
Drug Name d d m r	n y y mg/kg	Amgevita: 80mg week 0, 40mg fortnightly from week 1 Cimzia: 400 mg at weeks 0, 2 and 4 Cosentyx: 300mg at weeks 0, 1, 2, 3 & 4 Humira: 80mg week 0, 40mg fortnightly from week 1 Imraldi: 80mg week 0, 40mg fortnightly from week 1 Ilumetri: 100mg at weeks 0 & 4. 12 weekly thereafter Hyrimoz: 80mg week 0, 40mg fortnightly from week 1 Kyntheum: 210 mg at weeks 0, 1 and 2 Skyrizi: 150mg at weeks 0 & 4. 12 weekly thereafter Taltz: 160mg at week 0, 80mg at weeks 2, 4, 6, 8, 10, and 12 Tremfya: 100mg at week 0, 100mg at week 4
Since the last follow up have there been	any changes to their <u>small molecul</u>	le immunomodulatory therapy? Yes
If yes, please record all changes:		No
Dose / Drug unit Frequei	cy Date started (ddmmyy)	Date of final dose (ddmmyy) Stop reason*
Since the patient's last follow up have the If yes, please record all changes:	re been any changes to their <u>conv</u>	entional therapy? Yes No
Drug Dose / MTX unit Frequency Oral or	Only: Sub-Cut Date started (ddmmyy)	Date of final dose (ddmmyy) Stop reason*
*Stop reasons: Adverse Events, Clinical To Inefficacy and Adverse Events, Other (please		al Consideration, Inefficacy, Patient Non-Compliance, Remission, Titration

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Treatments Dose (J/cm²) be Accurate? Storodband UVB Narrowband UV	Treatments Dose (J/cm²) be Accurate? Broadband UVB	nce the patients last follow- yes, please complete the fol		hey had any UV ther	apy? Yes No			
Noral PUVA Copical	Normal BODY PUVA Copical PuVA Co	UV Therapy Details	Yes	No. of Courses				
Oral PUVA Topical PUVA Topical PUVA In AND AND FOOT PUVA Oral PUVA Topical PuVA Top	TOTAL BODY PUVA Oral PUVA Topical PUVA HAND AND FOOT PUVA HAND AND FOOT PUVA Topical PuVA Topica	Broadband UVB						
Oral PUVA Topical PUVA Topical PUVA In AND AND FOOT PUVA Oral PUVA Topical PuVA Top	Oral PUVA Topical	Narrowband UVB						
Topical PUVA HAND AND FOOT PUVA Oral PUVA Topical Puva	Topical PUVA HAND AND FOOT PUVA Topical PUVA Topical PUVA Topical PUVA Interest the patient's last follow up have they had any changes to their concomitant therapy? Yes, please complete the following: (please note we do not need details of topical therapy or psoriosis except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated?	TOTAL BODY PUVA						
HAND AND FOOT PUVA Oral PUVA Topical PUVA Topical PUVA Intent therapy Ince the patient's last follow up have they had any changes to their concomitant therapy? Ince the patient's last follow up have they had any changes to their concomitant therapy? Ince the patient's last following: (please note we do not need details of topical therapy or propositions except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated? Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Result Date Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Oral PUVA Topical PUVA Topical PUVA Topical PUVA Ince the patient's last follow up have they had any changes to their concomitant therapy? If yes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug	Oral PUVA						
Oral PUVA Topical PUVA Topical PUVA Ince the patient's last follow up have they had any changes to their concomitant therapy? If yes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug	Oral PUVA Topical PUVA Topical PUVA Ince the patient's last follow up have they had any changes to their concomitant therapy? If yes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated?	Topical PUVA						
Topical PUVA Intent Trerapy	Topical PUVA Intent firstory Intent fi	HAND AND FOOT PUVA						
itient Therapy intent Herapy intent the patient's last follow up have they had any changes to their concomitant therapy? if yes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated?	initiant Therapy initiant Therapy if yes, please complete the following: (please note we do not need details of topical therapy) or psoriasis except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated? Drug Start date Stop date Are these dates estimated? Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Result Date Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Oral PUVA						
ince the patient's last follow up have they had any changes to their concomitant therapy? If yes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug	ryes, please complete the following: (please note we do not need details of topical therapy or psoriasis except for tacrolimus and pimecrolimus) Drug Start date Stop date Are these dates estimated?	Topical PUVA						
Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Result Date Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)	f yes, please complete the fol or psoriasis except for tacrolii	lowing: (p	lease note we do not imecrolimus)	need details of topic	cal therapy		No
Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Result Date Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Please complete the following laboratory values (recent i.e. within last 6 months): LABORATORY VALUES Result Date Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Triglyceride (mmol/L) Triglyceride (mmol/L)	Drug		Start date	Stop dat	e	Are these dates estimated?	
Haemoglobin count (g/dL) White cell count (x10 ⁹ /L) Platelet count (x10 ⁹ /L) Creatinine (μmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Haemoglobin count (g/dL) White cell count (x10 ⁹ /L) Platelet count (x10 ⁹ /L) Creatinine (μmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)		ring labor	atory values (recent	i.e. within last 6 m	onths):		
White cell count (x10 ⁹ /L) Platelet count (x10 ⁹ /L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)			Result	Date			
Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)						FUP7	+:
Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L)	Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)						Lab Va	alues
Transaminase ALT (U/L) Cholesterol (mmol/L)	Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)							
	Triglyceride (mmol/L)	Transaminase ALT (U/L)						
Triglyceride (mmol/L)		Cholesterol (mmol/L)						
	HDL (mmol/L)	Triglyceride (mmol/L)						

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Version 10 01/06/2020 p.3 of 4 Adverse Events Since date of last data entry Event No. Code adverse events)? has your patient experienced any 4 ω \vdash 6 G 2 Treatment -Diagnoses -Symptoms -Symptoms -Diagnoses -Symptoms -Treatment -Diagnoses -Symptoms -Treatment -Diagnoses -Treatment -Diagnoses -Symptoms -Treatment -Significant loss of function or disability Death IV antibiotics/antivirals/antifungal **Overnight** Hospitalisation Immediately Life Threatening Congenital malformation Medically Important Event Yes N_O SAE Classification (Symptoms, Diagnosis, Treatment) Description of event A serious adverse event (SAE) is defined by the classifications in the box below Please enter details of ALL adverse events (both serious and non-serious) from this follow-up period An <u>adverse event (</u>AE) is defined as any medically untoward event occurring in a patient whether or not related to any treatment or medication If any of the Serious Adverse events you have listed include any of the following, an Event of Special Interest (ESI) form needs to be completed: Melanoma / Skin Cancer (inc. Bowens Disease) Drug misuse, abuse, overdose and medication Malignancy (not inc. skin) Lymphoproliferative Disease **Hepatitis B Reactivation** Cerebrovascular Accident (CVA) serious neutropenia Aplastic anaemia, pancytopaenia or Start date Start Date Estimated? Stop date Stop Date Estimated? Is the event ongoing? Serious Hepatic Dysfunction/Failure Serious Demyelination/Optic Neuritis Serious Congestive Heart Failure Pulmonary Embolism Pregnancy Myocardial Infarction/Acute Is the event related to biologic/ biosimilar or Coronary Disease drug:_ drug:___ If 'Yes' Name of If 'Yes' Name of If 'Yes' Name of If 'Yes' Name of f 'Yes' Name of small molecule drug therapy? Yes, No or Don't Know Yellow Card Sent? Admission Date:_ Discharge Date:_ Discharge Date: Admission Date: If 'Hospitalisation' If 'Hospitalisation' below) code (see If yes please select Is the event a SAE? ESI catego-ries moved to AE summary below) yes please an ESI? If Is the event from list (see Serious Infection (excl. TB) Surgery (Overnight Hospitalisation Only) Tuberculosis (Not Latent) Serious Skin Reaction Serious Psoriasis Flare (Overnight Hospitalisation Only) Serious Lupus/Lupus like illness Serious Hypersensitivity Reaction Resolve
Resolve
Not Re
Unknov
Death event? Outcome of the Death Not Resolved Death Unknown Not Resolved Resolved w/ Sequelar Resolved Unknown Resolved w/ Sequelae Resolved Death Unknown Not Resolved Resolved w/ Sequela Resolved Unknown Not Resolved Resolved w/ Sequelae Resolved Unknown Not Resolved Resolved w/ Sequelae Resolved

error

Current Disease Severity						
Please indicate the cu	urrent disease sever	ity				
	BSA Only if the patient has pustular psoriasis					
	Date of BSA	//				
Please enter the de	etails of all PASIs & F	PGAs that have	been completed since t	the patients last follow-up.		
Please note at least o	one PASI must be collect	ted during a follo	w-up period to be eligible j	for payment .		
Date Collected	PAS		Psoriasis Global	Patient Completed PGA		
			Assessment			
Decrise	sis Global Assessmer	nt score:	Severe			
1 30110.	sis Global Assessine		Moderate to severe			
		•	Moderate			
		•	Mild			
		•	Almost clear			
		•	Clear			
Has the patient been	diagnosed with psoi	riatic arthritis k	y a rheumatologist?	Yes No		
if this is a new diagno	osis please remember t	o add this as an	adverse event	ш ш		
Additional Information What is the	e patient's <u>current</u> w	eight and wais	t circumference?			
***************************************	, patient o <u>carreiro</u> tr	_		FUP9+:		
		Weight		Weight / Waist		
	W	aist circumfere	nce C	not required		
If the patient is under 16 year of	age on the date of t	his follow-up,	olease provide a <u>height</u>	measurement: cm		
Patient Follow-up Questionnaire						
The patient questionnaire should	Medical Problems DLQI	Lifest	yle Qus CAGE	If paediatric patient:		
also be completed containing:	EuroQol		*HAQ	cDLQ *cHAQ		
FUP 7+: Patient Questionnaire is not requ	uired		HADS	EQ-3D-Y CIFIC		
If remote appointment, please advise tha		can be completed	directly through the website o	(*Only if patient has a rheumatologist's diagnosis of inflammatory arthritis)		
app. Visit the BADBIR website for further Signature	details.					
	<u>Pl</u>	ease sign and o	date below:			
Clinician's signature:			Date:			
Cililician 5 Signature:						
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