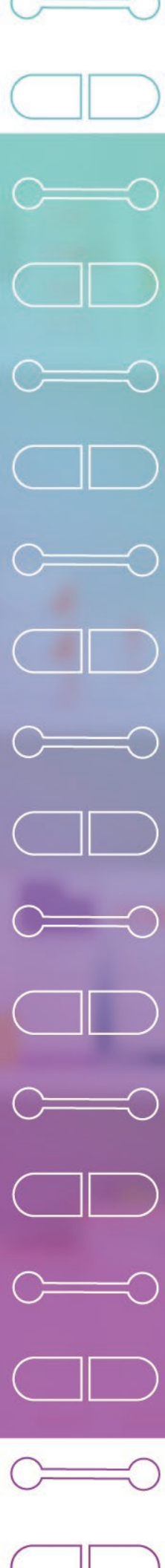
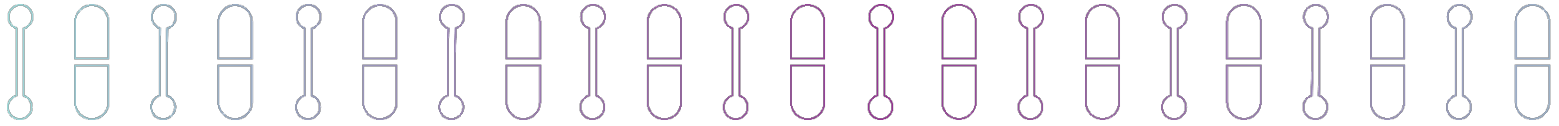




Your Guide to Psoriasis





PROGRAM OVERVIEW

Maxor’s Clinical Track Disease Management Programs offer a unique approach to disease management. Each Clinical Track includes information from disease overview to therapeutic outcome management and provides continuous, coordinated, and patient centered care plans carefully designated to fit your specific needs.

As part of the program, you will additionally have access to:

- Patient education materials providing disease specific information stressing the importance of medication compliance, ongoing physician follow up, scheduled lab work adherence, etc.
- Ongoing patient communication with documented patient feedback
- Proactive refill calls to assist with patient compliance
- Monitoring of timely and appropriate prescription refills to avoid product waste or misuse
- Convenient ordering capabilities
- Free delivery to home or other preferred location
- Clinical pharmacist availability 24/7/365
- Screening and education for drug/drug, drug/food, drug/lab, and drug/disease interactions as well as adverse drug reactions
- Side effect management

Through ongoing patient communication, education in lifestyle changes, clinical interventions, focused compliance efforts, market trend expertise, cost saving pharmacy practices, and outcome evaluation measures, our Clinical Track Programs are dedicated to meeting your needs.

You can access your patient portal at Maxor.com or call us at 866-629-6779 for more information.

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UNDERSTANDING PSORIASIS

Psoriasis and Maxor's Role

An estimated 125 million, about 3% of the total population, people worldwide have psoriasis. More than 8 million people in the United States are affected.

Our goal at Maxor Specialty Pharmacy is to provide you with the tools and resources you need from initial diagnosis and onward. We aim to provide consistent support and navigation throughout the seasons of life. Understanding you or your family member's diagnosis is the first step in taking control of your health. This program will provide key information about Psoriasis and ongoing initiatives to help get you started on your journey.

What is Psoriasis?

Psoriasis is a chronic skin condition that changes the life cycle of skin cells. Psoriasis causes skin cells to grow too quickly and these cells build up on the surface of the skin. The extra skin cells form thick, white, silver or red patches called plaques. The patches vary in size and appear most often on the knees, elbows, scalp, hands, feet, or lower back.

There are many different types of psoriasis such as guttate psoriasis, pustular psoriasis, and others. The most common type of psoriasis, however, is plaque psoriasis. Symptoms of psoriasis can vary from person to person and based on the type of psoriasis you have.

What causes Psoriasis?

Psoriasis can appear at any age, however, the most common peaks are seen between the ages of 20 to 30 years old and 50 to 60 years of age. Psoriasis is more than simply a skin rash, it is a chronic systemic inflammatory disease. Psoriasis is a lifelong disease defined by excessive inflammation affecting the skin, joints, and other organs in the body. The exact cause of psoriasis is unknown, however, genetics and environmental factors are thought to play a role in triggering this disease.

How is Psoriasis diagnosed?

Psoriasis is often diagnosed by a dermatologist through a skin exam. Your doctor will examine your skin, scalp, and nails for signs of the condition. A family and medical history may also be gathered including information such as:

- Symptoms of itching or burning skin
- Recent illnesses
- Severe stress
- Medication history

- Family members with psoriasis
- Joint tenderness

What does Psoriasis look like?

Symptoms of psoriasis appear in different ways. Psoriasis can be mild, with small areas of rash. When psoriasis becomes moderate or severe, the skin gets inflamed with raised red areas covered with silvery, scaling skin. If psoriasis is severe, the skin becomes itchy and tender. In some people, psoriasis causes joints to become swollen, tender and painful. This is called psoriatic arthritis. This arthritis can also affect the fingernails and toenails, causing the nails to split, change color, or separate from the nail bed.



Complications of Psoriasis

Most cases of psoriasis are mild and treatment starts with skin care at home. This includes keeping the skin moist with creams and lotions, short exposure to sunlight and over the counter skin products and prescribed medications. It may take some time of trial and error to see which skin products work best.

It is also important to avoid things that can cause psoriasis to flare-up or make the psoriasis worse. Things to avoid include:

- Skin injury – an injury to the skin can cause psoriasis patches to form anywhere on the body, including the site of injury.
- Stress and anxiety – can cause psoriasis to appear suddenly or make symptoms worse.
- Infection - such as strep throat

- Overexposure to sunlight – short periods of sun exposure reduces psoriasis in most people, but too much sun can damage the skin and cause skin cancer, and sunburns can trigger a flare-up
- Alcohol – too much alcohol can cause symptoms to flare-up
- Smoking – smoking can make psoriasis worse

References

- National Psoriasis Foundation. Accessed March 20, 2024.
://www.psoriasis.org/about-psoriasis/
- Helmick, Charles G. et al. (2013). Psoriasis and Psoriatic Arthritis. 44(4).

PSORIASIS TREATMENTS

Psoriasis At Maxor, our aim is to provide you with goals that can be implemented to optimize you or your loved one's treatment plan.

The 3 Goals of Psoriasis Treatment

1. Improving Condition
2. Preventing Flare-Ups
3. Improve Quality of Life

Goal 1: Improving Condition

Achieving clear skin improves more than just skin. It can reduce inflammation and improve long-term outcomes. The primary goal of treatment is to reduce psoriasis down to 1 percent or less body surface area (BSA), within three months of starting a new medication or treatment. Once 1 percent or less BSA has been achieved, your doctor will schedule regular check-ups to ensure you are continuing to experience the same amount of improvement.

Topical Treatments

Topicals – such as creams, ointments, lotions, and shampoos – are often the first line treatment for psoriasis. Some topical medications may be bought over-the-counter or as a prescription. Prescription topicals either have steroids or do not have steroids (nonsteroidal).

Steroid Topical Treatments Include:

- Hydrocortisone 2.5%
- Triamcinolone 0.1%
- Fluocinonide 0.05%
- Betamethasone dipropionate 0.05%
- Clobetasol 0.05%

Nonsteroidal Topical Treatments Include:

- Topical Vitamin D Analogs (calcipotriene, calcitriol, tacalcitol)
- Calcineurin Inhibitors (tacrolimus, pimecrolimus)
- Tapinarof
- Roflumilast
- Anthralin

Phototherapy (Light Therapy)

Phototherapy is the use of ultraviolet light to decrease the visible effects of psoriasis. There are two types of ultraviolet light, UVA and UVB, UVB is the light preferred for treatment.

Phototherapy can be costly and often requires an appointment with your dermatologist on a regular basis and under medical supervision. While consistency is key with phototherapy, keeping up doctor’s appointments can be challenging. There are phototherapy treatments available for home use that may be more economical and convenient. Home phototherapy treatments require a prescription, ask your dermatologist for more information.

Tanning beds are not recommended as an alternative to phototherapy prescribed by a dermatologist. Tanning beds emit mostly UVA light, not UVB, which is relatively ineffective for psoriasis. Additionally, the American Academy of Dermatology (AAD), the FDA, and the Centers for Disease Control and Prevention all discourage the use of tanning beds and sun lamps. Indoor tanning raises the risk of melanoma by 59 percent, according to the AAD and the World Health Organization.

Biologics & Oral Systemic Treatments

Biologics are medications primarily given by injection or infusion to target the immune system that plays a role in psoriasis. Like biologics, biosimilar products are modeled after an FDA-approved biologic medicine or biologic. Oral systemic therapy impacts the entire immune system and have been on the market for over 10 years.

Oral Systemic Therapies		
Otrexup® (methotrexate) Soriatane® (acitretin) Cyclosporine Otezla® (apremilast) Immunosuppressive Agents Tyrosine Kinase Inhibitor: Sotyktu™ (deucravacitinib)		
Biologic		
TNF-Alpha Inhibitors	IL-17 Pathway Inhibitors	IL-23 Inhibitors
Enbrel® (etanercept) Inflectra® (infliximab) Remicade® (infliximab) Abrilada® (adalimumab) Cimzia® (certolizumab pegol)	Cosentyx® (secukinumab) Taltz® (ixekizumab) Siliq® (brodalumab) Bimzelx® (bimkizumab)	Stelara® (ustekinumab) Tremfya® (guselkumab) Ilumya® (tildrakizumab) Skyrizi® (Risankizumab)

Combination therapy may be required for individuals who are unable to improve their psoriasis with only one therapy. Multiple treatment may need to be used together to achieve treatment goals.

Goal 2: Preventing Flare Ups

Preventing psoriasis flare ups are key to reducing inflammation and other symptoms associated with psoriasis. While the exact cause of psoriasis is unknown, a triggering event may cause a change in the immune system causing and onset of psoriasis symptoms.

Psoriasis flare ups vary from person to person. What may trigger your psoriasis might not have any impact on someone else. Common triggers include:

Stress	<ul style="list-style-type: none"> Stress is one of the most common triggers of psoriasis, and psoriasis flare-ups can also contribute to stress. Stress management strategies such as medication, exercise, and outdoor activity may help to reduce stress.
Injury to Skin	<ul style="list-style-type: none"> Injuries or harm to the skin may cause psoriasis to appear. Harms that can contribute to psoriasis include scratches, sunburns, bug bites, and vaccinations. Wearing sunscreen and bug spray may help to prevent flare-ups caused by skin injuries.
Illness	<ul style="list-style-type: none"> Psoriasis is caused by an underlying immune dysfunction. Illness such as an ear infection, respiratory infection, and strep throat can trigger psoriasis and psoriasis flare-ups. If you have had strep throat in the past, talk with your health care provider about getting a strep throat test if your psoriasis flares.
Weather	<ul style="list-style-type: none"> Cold weather can trigger psoriasis symptoms as well as stress and illness.
Missing Medication Doses	<ul style="list-style-type: none"> Missing or stopping therapy before consulting with a provider can lead to potential flare-ups. It is important to continue taking your prescribed psoriasis medication even when you are not experiencing a flare-up.
Other Potential Triggers	<ul style="list-style-type: none"> Allergies, certain foods, smoking, and other environmental factors may contribute to psoriasis flare-ups. Keeping track of potential triggers and symptoms will help you and your doctor develop a treatment plan to prevent flare-ups.

Goal 3: Improving Quality of Life

Depression can be a factor that can contribute to psoriasis or can develop as a result of psoriasis. Symptoms of depression may include but are not limited to:

- Loss of energy or increased fatigue
- Appetite changes
- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Difficulty thinking, concentrating, or making decision

Talk to your provider if you or your loved one are experiencing symptoms of depression.

References

1. National Psoriasis Foundation. Non-steroidal topical treatments. <https://www.psoriasis.org/non-steroidal/>.
2. National Psoriasis Foundation. Phototherapy. <https://www.psoriasis.org/phototherapy/>.
3. National Psoriasis Foundation. Biologics. <https://www.psoriasis.org/biologics/>.
4. National Psoriasis Foundation. Oral treatments. <https://www.psoriasis.org/oral-treatments/>.

RESOURCES

National Psoriasis Foundation

<https://www.psoriasis.org/>

Life with Psoriasis

<https://www.psoriasis.org/life-with-psoriasis/>

Emotional Impact of Psoriatic Disease

<https://www.psoriasis.org/emotional-impact-psoriasis-psoriatic-arthritis/>