

Learn about the latest treatments

P. 6

Conquer your psoriasis
—and protect your whole body!

P. 20

Health Monitor[®]

Living

“My new treatment was a lifesaver!”



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Plaque Psoriasis

Jessica Coss was 70% covered in itchy, painful plaques and was on the verge of giving up when a newly approved medication helped her turn her life around.



Health Monitor Living **Plaque Psoriasis**



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Jessica Coss was 70% covered in itchy, painful plaques and was on the verge of giving up when a newly approved medication helped her turn her life around

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Cover photos by Kim Fetrow Photography



Get your confidence back!

With today's treatment options, you have every reason to believe clearer, healthier skin is in your future



David P. remembers dealing with what he used to call his “elbow patchies” from around the time he was in kindergarten.

“It was no big deal back then, my elbows were just always dry. My mom would make me cover them in petroleum jelly before bed—which, for the record, I hated—but it did help.”

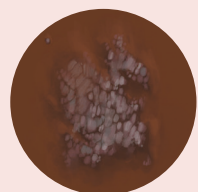
By the time David was entering high school, however, more “patchies” started to appear, this time on his shins, forearms and behind his ears.

“I suddenly found myself wearing long pants and shirts, no matter the weather. I tried to wear hats to school, but my teachers made me remove those during class so I'd sit way in the back so no one could see behind my ears.”

By the time David graduated, he was more than 50% covered in psoriasis patches; numerous visits to his family dermatologist had resulted in “dozens”

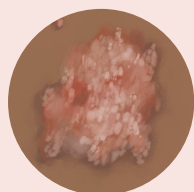
How plaque psoriasis appears on different skin tones

You might know about the plaques and scales that come with psoriasis, but did you know that they develop in different colors depending on a person's skin tone? Here's how they look on...



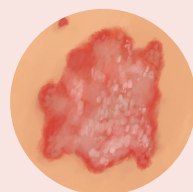
DARKER SKIN:

Plaques can appear as raised purple or dark brown patches with gray scales.



MEDIUM SKIN:

Plaques can appear as raised salmon-colored patches with silvery white scales.



LIGHT SKIN:

Plaques can appear as raised red patches with silvery scales.

Another feature unique to darker skin tones?

Dark patches of skin that remain even after the psoriasis clears. "Patients with darker skin often heal with what is called 'post-inflammatory hyperpigmentation,'" says Mark Lebwohl, MD.

of different topicals and pills to try to quell the spread, but if anything worked, it never seemed to last.

"I was desperate!"

David's anxiety over his psoriasis came to a head when he told his parents he didn't want to go away for college.

"I couldn't see myself living in a dorm and trying to make all these new friends when I felt mortified being in public. I had plaques on my face and people would stare when I'd go into stores."

At this point, his parents encouraged him to see a new dermatologist, who immediately recognized how much of an impact psoriasis was having on David's life.

"He looked me in the eye and said, 'I promise you we're going to beat this, you just have to be able to roll with the punches as we try to find a method that works.'"

Initially, David was put on an injectable biologic, which seemed to make no difference at all. So they switched to a different type—three more times. Two had no discernible impact, and the third caused a severe allergic reaction.

"This new drug is a game-changer!"

Then, a few months ago, David's dermatologist suggested they shift gears and try a different approach, a newly approved oral drug called a tyrosine kinase 2 (TYK2) inhibitor.

"My doctor said it worked differently than the biologics, so he was really hopeful it would succeed where the others had failed. I was too skeptical at that point to get excited that anything was going to ever work, but to my surprise, the plaques started to clear up within weeks. I'm amazed to say it, but since I started this new treatment, I've gone from more than half my body being covered in patches to almost none!"

Today, with newfound confidence, David has signed up for barber school and even started dating, recently meeting his girlfriend Sara online.

"We met in an online psoriasis support group, so in a way I can be thankful for this condition for bringing us together. But I'm even more grateful to medical science for clearing my skin and giving me my life back!"

The future is bright!

Hoping to find relief from the discomfort of plaque psoriasis like David? With so many options available today, you have every reason to believe that you, too, can find a treatment that will work for you.

On pp. 17 and 24, you'll find tools that make it easier to talk about your skin with your healthcare provider. You can also get inspired by Jessica on p. 8 and Jasmine and Janelle on p. 14, who have been living—and thriving!—with plaque psoriasis for years. But first, here's a refresher on plaque psoriasis—take a few minutes to learn how it impacts the body and how you can take back control.

What is plaque psoriasis?

Psoriasis is known as an immune-mediated disease—meaning it's caused when something goes wrong with a person's immune system. In the case of plaque psoriasis, T-cells, which usually attack germs and foreign invaders, become overactive. They trigger the body to start creating new skin cells at a rapid rate, resulting in itchy and/or painful raised round spots with silvery or white scales that can sometimes crack and bleed.

Plaques can appear anywhere on the body, but most often show up on the scalp, elbows, knees, or torso. Psoriasis

can also affect more than just the skin, and is associated with multiple other conditions, including heart disease, obesity, diabetes, inflammatory bowel disease and depression. That's why it's key to find a treatment that works!

It's also important to note that psoriasis is not contagious—you cannot catch it or spread it.

Who is at risk?

While scientists are still not sure what causes the immune malfunction behind psoriasis, it's believed to be a combination of genetic and environmental factors. If one parent has it, you have approximately a 10%

chance of developing it yourself, and approximately a 50% chance if both parents have it.

Some people find their psoriasis first appears after a stressful event, such as a move; after having an infection, such as strep; after a bad sunburn or skin injury; after taking a certain medication, such as lithium or a beta blocker; or after coming off of oral or injected steroids like prednisone.

Plaque psoriasis strikes people of all genders equally, and while it most often shows up in people between their teen years and mid-30s, it can occur at any age. Smoking also may increase a person's chances of getting it. ▶

PSORIASIS QUICK FACTS

100 MILLION
THE NUMBER OF PEOPLE WORLDWIDE IMPACTED BY THE DISEASE

7.4 MILLION

THE NUMBER OF PEOPLE AFFECTED IN THE U.S.

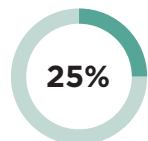




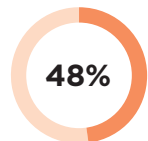
PSORIASIS QUICK FACTS



The percentage of patients with psoriasis who have the plaque form



The percentage of patients with psoriasis whose cases are considered moderate to severe



The percentage of patients with psoriasis who say it has a negative effect on their life

How is it diagnosed?

Your healthcare provider may ask you questions about your medical and family history and will perform an examination of your skin. In some cases, they may take a small skin biopsy to confirm the diagnosis or rule out other conditions.

Once plaque psoriasis is confirmed, they will rank the severity, either by how much of your body is covered (less than 3% = mild; from 3% to 10% = moderate; more than 10% = severe) or via the Psoriasis Area and Severity Index (PASI) on a scale from 0 to 72, where a score higher than 10 suggests severe enough to justify systemic treatments. More limited disease on areas like the palms, soles, face or scalp can also justify systemic therapies.

How is it treated?

While there's still no cure for psoriasis, your healthcare team has a wide array of options that can help treat the symptoms and even send the condition into remission. Your physician will consider how severe your plaque psoriasis is, how much it impacts your day-to-day life and how you've responded to other treatments when considering the options below:

- **Topicals:** These medications, available as creams, ointments, foams, sprays, solutions—even shampoo—help reduce inflammation, itching and scaling. Examples include calcipotriene, coal tar, corticosteroids, ret-

inoids, roflumilast, salicylic acid, tapinarof and more.

- **Light-based treatments:** Your healthcare provider may suggest phototherapy—the use of ultraviolet light—to treat your skin. This therapy helps to clear up plaques and reduce inflammation. Phototherapy involves either controlled sun exposure or exposing your skin to a specialized lamp and can include ultraviolet B (UVB), psoralen + ultraviolet A (PUVA) and excimer laser.

- **Systemic medications:** These medications reduce the inflammation underlying psoriasis. Examples include cyclosporine, methotrexate, PDE4 inhibitors and biologic medications. The FDA also recently approved a new targeted therapy called a tyrosine kinase 2 (TYK2) inhibitor that

blocks inflammation-inducing proteins associated with psoriasis.

What you can do

In addition to medication, you can also help lessen the symptoms of psoriasis by keeping skin moisturized; avoiding itchy or tight clothing; reducing stress; and maintaining a healthy weight (learn more about how to reduce the itch and discomfort of psoriasis at home on p. 11).

And remember: How you feel about your psoriasis is unique to you. For some, large patches may not be a problem, while others may feel embarrassed about just a few small ones. No matter how you feel, it's important to be open and honest with your healthcare provider. If your plaques are bothering you or embarrassment over your psoriasis is causing you to limit your activities, speak up! ●

A new option for treating psoriasis

Does your current treatment require messy creams, weekly injections or frequent blood tests? Struggling with side effects? Recently, the FDA approved a first-in-class drug to treat moderate to severe psoriasis called a tyrosine kinase 2 (TYK2) inhibitor. This targeted therapy blocks inflammation-inducing proteins associated with psoriasis, is available as an oral pill, has few side effects and may not require ongoing lab monitoring. Ask your healthcare provider if it might be an option for you.



Meet your psoriasis care team

These are the healthcare professionals who can help you manage your plaque psoriasis:

Primary care physician (PCP):

This MD checks your overall health and likely diagnosed your psoriasis.

Dermatologist:

This physician specializes in treating conditions affecting the skin, hair and nails.

Physician associate (PA)/ Nurse practitioner (NP):

These healthcare professionals can help manage your psoriasis and prescribe medications.

Psychiatrist/psychologist/social worker:

Professionals who can help you deal

with psychological and social issues related to your psoriasis.

Rheumatologist:

This physician specializes in treating joint conditions, such as psoriatic arthritis.

Dermatology nurse:

This nurse has received additional training

in dermatology and may work with your doctor on your care.

Dietitian/nutritionist:

A nutrition expert who can help you identify foods that may trigger or help combat inflammation.



"WATCHING MY PATCHES CLEAR UP HAS GIVEN ME CONFIDENCE TO BE MYSELF AGAIN," SAYS JESSICA WITH FAMILY FRIEND KAIRI SOZA.

COVER STORY

“My new treatment *was a lifesaver!*”

Jessica Coss first noticed the signs of plaque psoriasis on her stomach before her 21st birthday. Within months, her body was 70% covered in itchy, painful plaques that seemed to defy every treatment she tried. She was on the verge of giving up when a newly approved daily oral medication finally cleared her skin—and turned her life around.

—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE

Jessica Coss feels blessed these days—when she’s not hiking along the Columbia River near her Richland, WA, home or playing a fast-moving game of evening Bingo with a much older crowd, the 29-year-old is typically hard at work as a medical tech marketing associate.

But her life wasn’t always this busy. Nine years ago, Jessica noticed an itchy, irritated red ring around her belly button. When the rash didn’t clear on its own, she made an appointment with the family doctor, who thought it might be ringworm and sent her home with a prescription cream.

Unfortunately, the cream didn’t work, and the spot started to grow. After many more doctor visits and making an appointment with a dermatologist, Jessica was diagnosed with plaque psoriasis. Because the psoriasis had already spread to cover much of her stomach—meaning her condition was considered moderate to severe—her doctor recommended she try a biologic right away, and she received her first injection on her 21st birthday.

“Not exactly the birthday party I had envisioned!” she laughs. “But I was really hopeful, I had a diagnosis and the biologics were doing great things for other people with the condition. I thought it was going to be the answer.”

“Nothing was helping!”

Unfortunately, by September 2022, Jessica had tried eight different biologics and too many prescription topicals to count, and her body was now 70% covered in psoriasis scales, including her face. She was also suffering from joint pain caused by psoriatic arthritis, which is when the same immune system malfunction that causes the body to attack skin cells also starts to attack joint tissue.



“The pain was unbearable; I couldn’t wear jeans because my legs hurt so bad. I would cry as I walked because the plaques on the backs of my thighs would tear and burn,” recalls Jessica.

Her sleep was also interrupted by uncontrollable itching so intense she would wake up with blood-speckled sheets from scratching. “I was constantly exhausted, which didn’t help things, either!”

Since her psoriasis wasn’t responding to the biologics or other prescriptions, Jessica thought she would try a holistic approach. She changed her diet, tried natural oils and coated herself in coal tar. When those also failed, Jessica became disheartened.

“The psoriasis was out of control, and there was no way I could hide it. I saw the looks and heard the whispers when I was out in public. One bold stranger told me, ‘You really shouldn’t go out in public like that!’ Another called me unmentionable names fearing I was contagious. So I wasn’t only in pain; I was sleep-deprived and self-conscious. At the height of my next flare, I actually told my mom I didn’t want to be alive anymore.”

“I cried when I realized my plaques were disappearing!”

Despite her years-long struggle to find a treatment without success, Jessica stuck with the same dermatology team that had diagnosed her and considers Dr. Sidney Smith and DCNP Kathleen Stidham of DermaHealth Dermatology in Richland, WA, true partners. “Their hearts have bro-

ken along with mine with every failed medication,” says Jessica. “I didn’t blame them for my struggles; we were all working together to find a solution, and they never gave up on me.”

At last, her persistence paid off. On January 31, 2023, Jessica began a new medication, a once-daily oral medication called a tyrosine kinase 2 (TYK2) inhibitor. “I was very skeptical since it was a pill, and I figured that meant it couldn’t possibly work better than the injectable treatments I tried, but I was definitely up for anything—plus my team explained this medication had a totally different method of attacking the psoriasis than the biologics and topicals, so even though I hadn’t responded to those, that meant nothing for how I might respond to this,” she remembers.

To Jessica’s absolute amazement, her face was clear within two weeks of starting the new medication—and has stayed that way. Within months, her stomach was smooth again, and the plaques were slowly disappearing from the rest of her body, too.

“I still have some rough spots and hyperpigmentation, but I can deal with that. I cried when I realized it was working! It is a night and day difference. This medication has been a game changer for me and has given me my life back!”

Today, as Jessica’s skin continues to clear, she is excited about the future. “I’m finally planning summer activities again without thinking about my skin,” she says. “Concerts, beach days and weekend road trips to Vegas are top of my list!” ●

Photos by Kim Fetrow Photography

HAVING TROUBLE SLEEPING?

Severe plaque psoriasis was robbing Jessica of quality sleep—if you’re finding the itch and discomfort is also causing you to lose shut-eye, give these methods a try.



Shower before going to bed.

Ditch itch-inducing allergens like dust and pet dander by taking short, warm (not hot, which can irritate skin) showers at night.



Moisturize nightly.

Once that shower is over, apply a thick, heavy lotion to lock in moisture and help keep skin hydrated, which studies show can lessen the sensation of itching.



Time your meds right.

Apply topical medications at night—not only can this help minimize itching, but in some cases it can also improve how well the medication works.



Skip the synthetics.

When choosing PJs, opt for loose-fitting varieties made from cotton, linen or satin. These help wick away nighttime sweat and are much less likely to cause irritation than wool or synthetic fabrics.



Prep ice packs.

Extreme cold can stop itching in its tracks, so have a few packs (bags of frozen veggies work!) on hand in your freezer. If nighttime itching strikes, grab a pack and lay it over the trouble spot to help you drift off.

ONCE-DAILY
SOTYKTUTM
(deucravacitinib) 6 mg
tablets



The first-of-its-kind,* once-daily pill for adults with moderate to severe plaque psoriasis



PROVEN TO GET MORE PEOPLE
CLEARER SKIN THAN THE LEADING PILL.[†]

In one study, 32% of people taking SOTYKTU saw 90% clearer skin vs 20% taking the leading pill at 24 weeks.

CLEARER SKIN? I'M IN.

In one study, 50% of people taking SOTYKTU saw clear or almost clear skin vs 9% taking placebo at 16 weeks.

If you've been looking for a once-daily pill for moderate to severe plaque psoriasis, you may have just found it. Talk to your dermatologist about finding the clear or almost clear skin you've been searching for.

Ask about SOTYKTU (pronounced soh-tik-too) today.

*SOTYKTU is a selective TYK2 inhibitor.

[†]Otezla® (apremilast).



IMPORTANT FACTS

The information below does not take the place of talking with your healthcare professional. Only your healthcare professional knows the specifics of your condition and how SOTYKTU (deucravacitinib) may fit into your overall therapy. Talk to your healthcare professional if you have any questions about SOTYKTU (pronounced soh-tik-too).

What is SOTYKTU?

SOTYKTU is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections or pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy).

It is not known if SOTYKTU is safe and effective in children under 18 years of age.

What is the most important information I should know about SOTYKTU?

SOTYKTU may cause serious side effects, including:

• **Serious allergic reactions.** Stop taking SOTYKTU and get emergency medical help right away if you develop any of the following symptoms of a serious allergic reaction:

- feel faint
- swelling of your face, eyelids, lips, mouth, tongue, or throat
- trouble breathing or throat tightness
- chest tightness
- skin rash, hives

- **Infections.** SOTYKTU is a medicine that affects your immune system. SOTYKTU can lower the ability of your immune system to fight infections and can increase your risk of infections. Some people have had serious infections while taking SOTYKTU, such as infections of the lungs, including pneumonia and tuberculosis (TB), and COVID-19.
 - Your healthcare provider should check you for infections and TB before starting treatment with SOTYKTU.
 - Your healthcare provider may treat you for TB before you begin treatment with SOTYKTU if you have a history of TB or have active TB.
 - Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with SOTYKTU.
 - If you get a serious infection, your healthcare provider may tell you to stop taking SOTYKTU until your infection is controlled.

SOTYKTU should not be used in people with an active, serious infection, including localized infections. You should not start taking SOTYKTU if you have any kind of infection unless your healthcare provider tells you it is okay.

You may be at a higher risk of developing shingles (herpes zoster).

Before starting SOTYKTU, tell your healthcare provider if you:

- are being treated for an infection
- have had an infection that does not go away or keeps coming back
- have TB or have been in close contact with someone with TB
- have or have had hepatitis B or C
- think you have an infection or have symptoms of an infection such as:
 - fever, sweats, or chills
 - muscle aches
 - weight loss
 - cough
 - shortness of breath
 - blood in your phlegm (mucus)
 - warm, red, or painful skin or sores on your body different from your psoriasis
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal
 - feeling very tired

After you start taking SOTYKTU (deucravacitinib), call your healthcare provider right away if you have an infection or have symptoms of an infection.

SOTYKTU can make you more likely to get infections or make any infections you have worse.

- **Cancer.** Certain kinds of cancer including lymphoma have been reported in people taking SOTYKTU.
 - Tell your healthcare provider if you have ever had any type of cancer.
- **Muscle problems (rhabdomyolysis).** SOTYKTU can cause muscle problems that can be severe. Treatment with SOTYKTU may increase the level of an enzyme in your blood called creatine phosphokinase (CPK) and can be a sign of muscle damage. Increased CPK is common in people taking SOTYKTU. Your healthcare provider may tell you to stop taking SOTYKTU if the amount of CPK in your blood gets too high or if you have signs and symptoms of severe muscle problems. Tell your healthcare provider right away if you have any of these signs or symptoms of severe muscle problems:
 - unexplained muscle pain, tenderness, or weakness
 - fever
 - dark-colored urine
 - feeling very tired

See “What are the possible side effects of SOTYKTU?” for more information about side effects.

Do not take SOTYKTU if you are allergic to deucravacitinib or any of the ingredients in SOTYKTU. See the end of this Medication Guide for a complete list of ingredients in SOTYKTU.

Before taking SOTYKTU, tell your healthcare provider about all of your medical conditions, including if you:

- See “What is the most important information I should know about SOTYKTU?”

- have liver problems or kidney problems
- have high levels of fat in your blood (triglycerides)
- have recently received or are scheduled to receive an immunization (vaccine). You should avoid receiving live vaccines during treatment with SOTYKTU (deucravacitinib).
- are pregnant or plan to become pregnant. It is not known if SOTYKTU can harm your unborn baby.
 - Report pregnancies to the Bristol-Myers Squibb Company's Adverse Event reporting line at 1-800-721-5072.
- are breastfeeding or plan to breastfeed. It is not known if SOTYKTU passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, and herbal supplements. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take SOTYKTU?

- Take SOTYKTU exactly as your healthcare provider tells you to take it.
- Take SOTYKTU 1 time every day.
- Take SOTYKTU with or without food.
- Do not crush, cut, or chew the SOTYKTU tablets.

What are the possible side effects of SOTYKTU?

SOTYKTU may cause serious side effects, including:

- See “What is the most important information I should know about SOTYKTU?”
- **Changes in certain laboratory test results.** Changes in laboratory tests have happened in some people taking SOTYKTU. Your healthcare provider may do blood tests before you start taking SOTYKTU and during treatment with SOTYKTU to check for the following:
 - **Increased triglycerides.** Triglycerides are a type of fat found in your blood. Too much fat in your blood can cause problems with your heart.
 - **Increased liver enzymes.** Liver enzymes are found in your blood and help to tell if your liver is functioning normally. If your liver enzymes increase too much, your healthcare provider may need to do additional tests on your liver and may tell you to stop taking SOTYKTU if they think that SOTYKTU is harming your liver.
- **Potential risks from Janus kinase (JAK) inhibition.** SOTYKTU is a tyrosine kinase 2 (TYK2) inhibitor. TYK2 is in the JAK family. It is not known whether taking SOTYKTU has the same risks as taking JAK inhibitors. Increased risk of death (all causes) has happened in people who were 50 years of age and older with at least 1 heart disease (cardiovascular) risk factor who were taking a JAK inhibitor used to treat rheumatoid arthritis (RA) compared to people taking another medicine in a class of medicines called TNF blockers. SOTYKTU is not for use in people with RA.

The most common side effects of SOTYKTU include: common cold, sore throat, and sinus infection (upper respiratory infections), cold sores (herpes simplex), sores on inner lips, gums, tongue, or roof of the mouth (canker sores), inflamed hair pores (folliculitis), and acne. These are not all of the possible side effects of SOTYKTU.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SOTYKTU?

Store SOTYKTU at room temperature between 68°F to 77°F (20°C to 25°C).

Keep SOTYKTU and all medicines out of the reach of children.

General information about the safe and effective use of SOTYKTU.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SOTYKTU for a condition for which it was not prescribed. Do not give SOTYKTU to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about SOTYKTU that is written for health professionals. For more product information about SOTYKTU, go to website (www.sotyktu.com) or call SOTYKTU 360 SUPPORT at 1.888.SOTYKTU (768.9588).

What are the ingredients in SOTYKTU?

Active ingredient: deucravacitinib.

Inactive ingredients: anhydrous lactose, croscarmellose sodium, hypromellose acetate succinate, magnesium stearate, microcrystalline cellulose and silicon dioxide. In addition, the film coating Opadry® II Pink contains the following inactive ingredients: polyvinyl alcohol, titanium dioxide, polyethylene glycol, talc, iron oxide red and yellow.

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“WE’RE SHOWING THE WORLD YOU CAN THRIVE WITH PSORIASIS!”

Jasmine and Janelle have been living with severe plaque psoriasis since they were kids—and have learned a thing or two along the way about managing the condition. Here, they share their best tips. Ask your healthcare team if they could work for you, too!

—BY BETH SHAPOURI

“Don’t hide yourself away!”

JASMINE PREKO

After having psoriasis nearly her whole life, Jasmine found herself struggling with her self-image—until one day in October of 2020, when her sister surprised her with a photoshoot meant to capture the beauty of her skin. “She kind of just forced me into it,” she laughs. But, she says, “When the pictures came, I fell in love with them. I saw myself beyond my skin.”

Jasmine posted them to her social media account (@Jasmine_Preko) and was overwhelmed by the positive response. From there, she connected with other members of the psoriasis community, and her view on her condition started to change. She began getting bolder about living her life more publicly while managing her skin. And she’s also found strategies that have worked for her, like paying attention to her stress levels, finding ways to keep her skin soothed, and setting up a strong support system both with her friends and family and on social media. Now, she says, “I feel so much happier. When I see myself in my head, I’m smiling.” Here, some of those tips Jasmine has learned along the way:

Step outside your comfort zone

It can feel tempting to hide when plaques strike, but Jasmine says her breakthrough wouldn’t have happened had her sister not encouraged her to push her boundaries and be bolder

about showing her skin, plaques and all. “If you don’t prove to yourself that you can [do something], it just won’t happen. You have to think, I’m gonna do this today. And if it goes wrong, it goes wrong. But most of the time, once you get out there, you realize, *Oh, this is easy!*”

Opt for breathable fabrics

Jasmine wears loose-fitting soft cotton whenever possible to head off skin irritation. But, she reminds that it’s all about balance. “When I’m out, if I want to wear jeans, I wear them! I just keep in mind to take them off as soon as I get home!”

Rinse post-gym

Jasmine schedules her workouts to ensure she can go straight home after, “rather than, say, going to the gym and then doing grocery shopping.” That way she can jump in the shower before her skin gets a chance to get irritated. This is especially key for her scalp, because sweat can dry it out, triggering flares. ▶





“Listen to your body!”

JANELLE RODRIGUEZ

A few years ago, if you told Janelle she would be going out in public in shorts or a bikini, she wouldn't have believed you. Growing up, people could be cruel about her condition. “The older I got in school, the more difficult it became. It felt very isolating.” She planned outfits with the sole goal of hiding her skin—long sleeves and pants no matter the weather.

That was, until one day when she was 20, and had her worst flare yet—which led to an aha moment. “I was always waiting for my skin to clear to start living my life and to start wearing the things that I wanted. So when that flare came, it hit me: There's never going to be a perfect moment, and I needed to start living now.”

Little by little, Janelle began daring herself to take small steps, like wearing short sleeves to go out with friends de-

spite a flare on her arms. These days she shows her skin without fear on her Instagram feed *@beautifullyspotted*, where she also speaks openly about living with psoriasis and shares her tips. Rather than viewing it as a source of shame, Janelle today views her psoriasis as a gauge of what's going on inside of her, and a warning sign for when she needs to slow down. “If I'm going through a flare, that's my body trying to tell me something!” Here, Janelle shares the other things psoriasis has taught her:

Set boundaries when you need to

Janelle is very outspoken about her psoriasis now, but it took her some time to get there. “When I go out in public in short sleeves, people can ask very personal questions. And when I first started doing this, just talking about it made me very emotional.” She soon realized that she didn't need to explain the situation just because someone asked. “No one is owed an explanation. On days I don't feel like discussing it, I simply say, ‘I don't feel like talking about my

psoriasis today’ and push the conversation in a different direction.”

Try scalp-oiling

Twice a week, Janelle puts argan or coconut oil directly on her scalp for 15 to 25 minutes before lifting flakes off with a comb. She then hops in the shower and shampoos. “This really helps to moisturize the scalp and keep flakes to a minimum!”

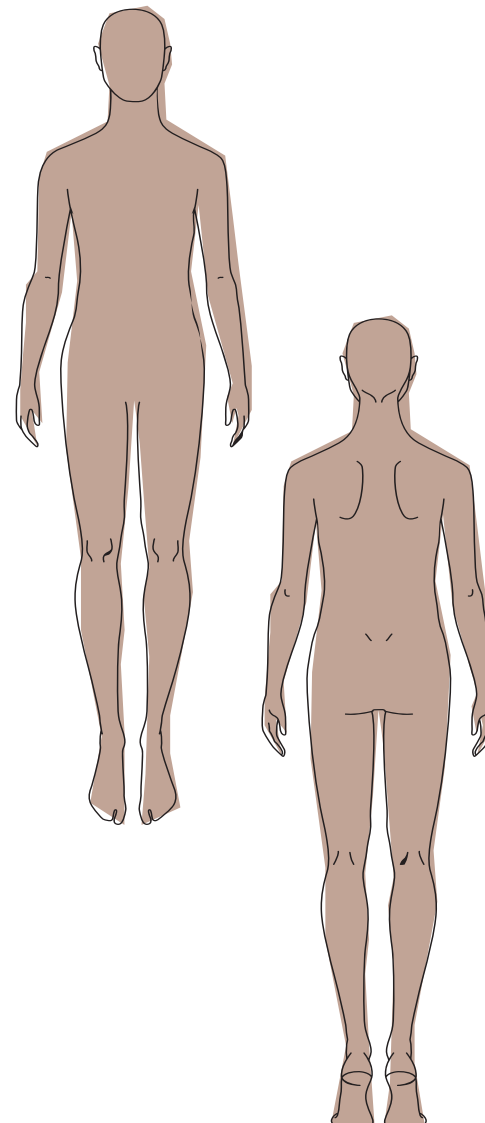
Make the most of your moisturizer

“I can be forgetful about things, and missing my daily moisturizer can really impact my skin, so I make sure to keep my lotion right out on my sink where I can see it as soon as I get out of the shower,” says Janelle. Another trick she's learned: “I stick to a more lightweight lotion for daytime, because it dries more quickly without feeling greasy. Then, at night before bed, I re-apply with a heavier lotion, which both cuts down on nighttime itching and helps keep my skin hydrated overnight.” ●

How well is your treatment working?

Whether you've just been diagnosed or have been living with psoriasis for a while, you'll benefit from having an open discussion with your healthcare provider. It's a key step toward assessing your current treatment and determining if you have a better path to clearer skin.

1. Which areas of your body have plaques? Please indicate by marking the areas on the diagram below.



2. How bothered are you by symptoms? Please rate on a scale from 1 (not very much) to 5 (always/almost always):

My skin is itchy.	1	2	3	4	5
My skin bleeds.	1	2	3	4	5
I can't sleep well.	1	2	3	4	5
I feel embarrassed by visible plaques.	1	2	3	4	5
I feel sad and hopeless.	1	2	3	4	5
I feel anxious or on edge.	1	2	3	4	5

3. Assess your treatment

I would rate my current treatment as:

- It's working great.
- It's working okay, but I'd like to see more improvement.
- I don't feel my psoriasis is controlled at all.

In the past, I've stopped treatment because:

- It didn't work well enough.
- It worked for a while, then stopped.
- It had unwanted side effects.
- It was too time consuming.
- I don't like injections.
- I disliked the lab monitoring.
- I couldn't afford it.

4. Previous treatments you tried:

Topicals you tried but no longer use: _____

Any current topicals: _____

Phototherapy you tried but no longer use: _____

Any current phototherapy treatments: _____

Systemic medications you tried but no longer use: _____

Any current systemics: _____



HAND ISSUES My hands are cracked from my psoriasis patches, which is not only embarrassing, it makes everyday tasks a lot harder and I'm worried about infection. What can I do?

Q

A

Answers to your most pressing concerns about plaque psoriasis

A: The key to clearing stubborn palm plaque psoriasis? Having patience and trying a combination of treatments. Of course, you can always apply hand creams and use gentle soap substitutes, but keep in mind that these benefit hand psoriasis only a little. Other options include localized phototherapy like the excimer laser, which is quite effective but often requires two visits a week for approximately 20 treatments. You might also consider pills for psoriasis like acitretin, methotrexate, cyclosporine, or apremilast. They can be effective, but each has its own side effects. For a more targeted approach, biologics and the newly approved tyrosine ki-

nase 2 (TYK2) inhibitor are effective, but again, it takes patience since hands respond much more slowly than psoriasis on other parts of the body, and nails take even longer to grow out.

AVOIDING NEEDLES

Q: I'm stressed out because my psoriasis has spread all over my body and is no longer responding to my usual topical creams. My dermatologist suggested trying out a biologic. The problem is, I'm scared of needles! Are there any treatments out there in oral form?

A: Yes, in fact, the FDA has approved a new first-in-class oral treatment for plaque psoriasis called a tyrosine kinase 2 (TYK2) inhibitor, which is about as effective as

some biologics yet is much safer than older drugs like methotrexate and cyclosporine. You simply take a pill every day, no injections or ongoing lab monitoring needed. Similar to the biologic (and injectable) drug ustekinumab, it works by lowering levels of cytokines called IL 12 and IL 23, proteins associated with the inflammation and plaques of psoriasis.

GUILTY OF SCRATCHING

Q: I feel I'm to blame for the way my psoriasis makes me look. I scratch myself until I bleed—I barely go out anymore because I don't want to feel judged by others. How can I break this cycle?

A: If topical medications don't work or the area of psoriasis is too extensive for topical therapy, systemic treatments including pills or injectable biologic therapies are usually quite effective for itch. And, if those are not adequate, don't worry. There are a number of treatments, both pills and biologics, in development specifically for the itch of psoriasis!

OCEAN WATER AND PSORIASIS

Q: My friend says she noticed her skin feeling better after taking a dip in the ocean. She's considering getting dead sea salts to add to her bath. Can ocean water really help psoriasis?

A: Dead Sea salts are sold for the treatment of psoria-

sis, and while adding some to bathwater seems to soothe psoriasis for some, data from the Dead Sea shows that it's actually the sunlight at the Dead Sea rather than the salt water that helps clear psoriasis. Work with your doctor to fine tune a treatment plan. ●

OUR EXPERT:

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RESOURCES THAT CAN HELP

If you're looking for more information or care, try one of these trustworthy sites...

Still have questions about psoriasis?

- National Psoriasis Foundation psoriasis.org
- The American Academy of Dermatology Association aad.org/public/diseases/psoriasis
- National Institute of Arthritis and Musculoskeletal and Skin Diseases niams.nih.gov/health-topics/psoriasis

Struggling with psoriatic arthritis?

- Creaky Joints creakyjoints.org
- Arthritis Foundation arthritis.org

Looking for mental healthcare?

- GoodTherapy goodtherapy.org
- National Institute of Mental Health nimh.nih.gov
- American Psychological Association Psychologist Locator locator.apa.org

Need help with payment assistance?

- Medicine Assistance Tool mat.org
- National Patient Advocate Foundation npaf.org
- Needy Meds needymeds.org
- PAN Foundation panfoundation.org





Tame your psoriasis, protect your whole body!

Smooth, clear skin. With today's treatments, it's more achievable than ever. But keep this in mind: Psoriasis is an inflammatory disease that can affect other parts of your body, too. Use this worksheet to keep track of symptoms not related to your skin, and review it with your doctor.



Your heart

People with psoriasis are 21% more likely to have a heart attack (and 54% more likely to suffer a stroke), according to a study presented at the annual meeting of the American College of Cardiology.

What to watch for:

- Chest pain, tightness or discomfort
- Rapid heartbeat
- Shortness of breath with activity
- Tingling down arm
- Unusual stomach pain, nausea or indigestion
- Sudden awakening from sleep with shortness of breath

What you can do:

- Get regular screenings (blood pressure, blood sugar, cholesterol).
- Maintain a low-fat, high-fiber diet with lean sources of protein, such as fish and poultry.
- Aim for at least 30 minutes of moderate-intensity activity at least five days a week.
- Achieve a healthy weight.
- Don't smoke.



Your emotional well-being

People with psoriasis are more likely than people without the disease to suffer from depression or anxiety.

What to watch for:

- Persistent sadness
- Being hyper-alert
- Feelings of hopelessness
- Loss of interest in hobbies and activities

What you can do:

- Discuss your symptoms with your doctor and with those close to you.
- Eat a healthy diet and get regular activity.
- Maintain a regular sleep schedule.
- Find a stress-reduction technique that works for you.



Your joints

Nearly one in three people with psoriasis may develop psoriatic arthritis, a painful form of arthritis that may cause permanent joint damage.

What to watch for:

- Joints that are swollen, tender, stiff, red or hot to the touch
- Sausage-like fingers and toes; or changes to your nails, such as pitting or separation from the nail bed

What you can do:

- Report symptoms to your doctor ASAP—early treatment can help prevent permanent joint damage.

DID YOU KNOW?

Having psoriasis means you're more likely to carry extra pounds around your middle. Besides being linked to heart disease, abdominal fat is also associated with more severe psoriasis as well as psoriatic arthritis. Talk to your doctor if you need help losing weight.



Is psoriasis hampering your social life?

HERE'S HELP!

As someone living with psoriasis, you know the condition is more than skin-deep—visible spots on your skin can prompt looks and questions from strangers. They can get in the way of your ability to make friends, go on dates and even leave the house. In fact, a survey by the National Psoriasis Foundation found that people with psoriasis were 31% more likely to be diagnosed with anxiety. If you can relate, read on: Here, therapists who specialize in treating anxiety offer their top ways to cope with the common issues faced by people with psoriasis. —BY LINDSAY BOSSLETT

STRUGGLE:

“I’m having trouble making friends.”

SOLUTION: JOIN A CLUB.

“Making new friends can be challenging, but one approach is to look up local groups centered around an interest you have,” suggests Lauran Hahn, LMHC, who owns Mindful Living Counseling Services, a trauma and anxiety healing center. “Sharing an interest with others can make it easier to connect with them, plus you will likely be meeting with the same core group of people, so even if you run into initial questions about your skin condition, you can quickly move past them after an initial discussion. Another way to meet new people is through volunteering for a cause you care about—you’ll not only be doing good for the world, which can boost your self-esteem, but also meeting like-minded individuals who share your values!” To find clubs near you, try visiting MeetUp.com; VolunteerMatch.com can connect you with local charities.

STRUGGLE:

“I am scared to date—I don’t think anyone could ever be attracted to me.”

SOLUTION: CONNECT VIRTUALLY TO START.

“Taking the time to get to know someone over the phone, via texting or via video chat before meeting in person can help build a connection based on more than just physical appearance,” recommends clinical psychotherapist Lisa Lawless, PhD, (HolisticWisdom.com), who specializes in relationship therapy and sexual health. “In line with that, being open and honest about your condition before meeting in person is a good idea. This can help alleviate anxiety or fear of being judged or rejected—and reassure the other person your condition is not contagious or worrisome in any way—particularly before trying to become intimate.”

STRUGGLE:

“I’m so anxious around my coworkers, I am avoiding work and getting in trouble with my boss”

SOLUTION: CREATE A SUPPORT TEAM.

“Seeking assistance from one or two trusted coworkers or a supervisor can be beneficial if your skin condition is impacting your job performance,” says certified life coach Ellie Borden, who often works with corporate clients in her role as clinical director and supervisor of Mind By Design® Psychology and Coaching clinic. “For one, having a workplace confidant can help to reduce stress and anxiety simply by knowing you have someone who understands you. Plus, discussing your struggles with others often makes you realize you’re not alone. Many people live with chronic conditions, and removing the stigma associated with health issues in the workplace can benefit everyone.”

STRUGGLE:

“I’m having trouble leaving my house because I think everyone is staring at me.”

SOLUTION: TAKE A “SOCIAL INVENTORY.”

“Simply put, this means listing out all the people in your life you care about, and the roles they play,” recommends Alison Mann, LMSW (AidByAli.com), who lives with alopecia-induced hair loss, giving her both a personal and professional perspective on living with a visible health condition. “Often people feel like they are being a burden when they are struggling and do not want to reach out, but I would encourage anyone to look at their list and reach out to those they are closest with even if it feels a bit scary. There is nothing wrong with needing support or asking for a friend to accompany you somewhere if having company makes you more comfortable getting outside. Community can be very healing!” ●

IS IT SOCIAL ANXIETY OR DEPRESSION?

Anxiety and depression are often linked, and both are more common in those with psoriasis, according to a study published in *The Journal of Allergy and Clinical Immunology*. If you’re suffering from more than one of the symptoms below for more than two weeks, alert your healthcare team. Treating your depression can also go a long way toward helping your anxiety.

- Consistently sad and/or irritable
- A loss of interest in activities or hobbies you once enjoyed
- Unexplained weight loss or gain
- Lack of appetite or eating more than usual
- Getting too much or too little sleep
- Inability to focus
- Feeling lethargic or fatigued
- Feeling worthless or guilty for no reason
- Having thoughts of death or suicide



Health Monitor Living

Questions to ask at today's exam



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How would you classify my plaque psoriasis? Is it mild, moderate or severe?



Does it seem like my current treatment is controlling my psoriasis?



If not, can you suggest a new treatment?



How long will it take before we can determine if the new treatment is working? Will I need lab testing?



Does this treatment require injections? Is there an oral option available?



When should I make my next appointment to see you?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.