FOR THE CLINICIAN

When to Choose Oral Therapy for Psoriasis:

Patient–Clinician Decision Support Tool

Patients with moderate to severe psoriasis who may benefit from systemic therapy will have questions about their options. This guide is designed to support high-quality shared decision-making (SDM) conversations about psoriasis treatment selection.

1 IS THIS PATIENT A CANDIDATE FOR SYSTEMIC THERAPY?

SYSTEMIC THERAPY SHOULD BE CONSIDERED WHEN:

- **BSA >10%** or
- **High-impact site involvement** (scalp, face, genitals, nails, palms/soles) or
- **Topical therapy has failed** when the patient is unable to achieve clear/nearly clear skin (IGA 0/1) after 2 consecutive 4-week courses
- **When QoL is affected;** a DLQI ≥10 is significant regardless of BSA

PERSONALIZING THE CONVERSATION

Ask: "Which areas bother you most?" High-impact sites may not be visible and patients may not volunteer them

Use the DLQI to put a number on what patients are feeling — share the score with them

2 WHAT ARE THE PATIENT'S TREATMENT GOALS?

PATIENTS MOST COMMONLY PRIORITIZE:

Efficacy | Speed of response | Route of administration | Safety | Convenience

- **Many patients prefer a pill over an injection;** but ask–don't assume
- **Complete skin clearance** (IGA 0) is associated with the greatest QoL benefit

PERSONALIZING THE CONVERSATION

Ask: "What does success look like to you — less itch? Clear skin? Being able to wear what you want?"

Ask: "How do you feel about injections? Is an oral medication something you'd prefer?"

DON'T SETTLE FOR ***"BETTER"***

3 FACTORS THAT SHAPE TREATMENT CHOICE

- **Depression or anxiety history** ➡ avoid apremilast (carries prescribing warning) whereas deucravacitinib and icotrokinra do not
- **Adolescent patients (≥12 years, ≥40 kg)** ➡ icotrokinra and apremilast are approved in patients ≥6 years; deucravacitinib is adults only
- **Renal impairment (CrCl <30 mL/min)** ➡ dose-reduce apremilast; no adjustment needed for deucravacitinib or icotrokinra
- **Strong CYP3A4 inducers** (eg, rifampin) ➡ avoid with apremilast and icotrokinra
- **TB screening** ➡ not required prior to or during treatment with IL-17 or IL-23 inhibitors

PERSONALIZING THE CONVERSATION

Ask: "Have you had any issues with depression or anxiety I should know about?"

Review current medications for interactions before prescribing

4 SET A TARGET AND A TIMELINE

- **Treatment targets:**
  - IGA 0/1 (clear/almost clear)
  - BSA ≤1% by 6 months
- **Reassess at weeks 16 and 24** — if target not met, consider switching or escalating
  - If response is inadequate at week 24, consider switching

PERSONALIZING THE CONVERSATION

Tell patients what to expect: "It may take 4–8 weeks before you see significant improvement — that's normal"

Name the target: "Our goal is clear or nearly clear skin within 3–6 months"

Schedule the 16-week follow-up before they leave today

BSA, body surface area; **CrCl,** creatinine clearance; **CYP3A4,** cytochrome P450 3A4; **DLQI,** daily life quality index; **QoL,** quality of life; **TB,** tuberculosis.

FOR THE PATIENT

Understanding the Psoriasis Treatment Options

WHAT KINDS OF TREATMENT ARE AVAILABLE FOR MY PSORIASIS?

CREAMS & OINTMENTS (TOPICAL THERAPY)

- Applied directly to the skin once or twice daily
- Work well for mild disease or small areas
- May not be enough if psoriasis covers large areas, affects sensitive areas, or significantly impacts your daily life

OLDER ORAL MEDICINES

- Pills such as metho-trexate, cyclosporine, and acitretin
- Require regular blood tests to monitor for side effects
- Rarely used today because newer, safer options are available

INJECTABLE BIOLOGIC THERAPIES

- Injections given at home or in the office every 2–12 weeks
- Highly effective — many patients achieve complete skin clearance
- Require TB and hepatitis screening before starting
- Some require refrigeration

NEWER ORAL TARGETED THERAPIES

- Once- or twice-daily pills that target the immune pathways driving psoriasis
- Examples: apremilast, deucravacitinib, icotrokinra
- No routine blood test monitoring required; no TB testing needed
- The newest options achieve clear or near-clear skin in the majority of patients
- No injections needed

DID YOU KNOW?

>50% More than half of patients with moderate to severe psoriasis are undertreated, receiving only topical therapy despite qualifying for systemic treatment

Complete skin clearance — not just "improvement" — is now an achievable and recommended treatment goal

New oral once-daily pills can work as well as some injectable biologics

QUESTIONS TO ASK YOUR CLINICIAN:

- "Based on where my psoriasis is, do I need something stronger than a cream?"
- "Is there a pill that could work as well as an injection for me?"
- "How will we know if the treatment is working?"
- "What happens if the first treatment doesn't work well enough?"

WHAT MATTERS TO YOU THE MOST?

Check all that apply:

- ☐ I want the most effective treatment available
- ☐ I prefer a pill because I want to avoid injections
- ☐ I prefer injections because I want to avoid pills
- ☐ I want once-daily dosing
- ☐ I want to avoid frequent blood tests
- ☐ I want to clear my scalp/face/genitals/hands/feet
- ☐ I have concerns about mood or depression side effects
- ☐ I want a medication that is covered by my insurance and doesn't cost too much
- ☐ I want a treatment approved for adolescents

GOOD NEWS!

Most insurance plans, Medicaid, and Medicare cover oral targeted therapies for psoriasis

HELP Co-pay assistance programs are available for patients with commercial insurance

Ask your care team about financial assistance options.