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SUMMER 2022

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THE LATEST ON

PSORIASIS

TAKING AIM AT TWEAK

Scientists discovered a protein in the body called TWEAK that may play a major role in psoriasis. It works hand-in-hand with other known inflammatory proteins to promote psoriasis symptoms. In the lab, when researchers used an experimental drug to block the activity of TWEAK, psoriasis-related inflammation stopped. This research could lead to development of a new targeted drug for psoriasis. Targeted drugs aim to shut down specific processes in the body that help advance disease. Other targeted drugs exist for psoriasis, but no drug cures it or even helps everyone. New treatment options bring more relief to more people.

SOURCE: *Science Immunology*

UP TO
2 IN 100

Number of people in the U.S.
who have plaque psoriasis.

SOURCE: *Medscape*

1 in 2

Number of people with
psoriasis who are not
satisfied with their treatment.

SOURCE: *UpToDate*

WHAT YOUR GUT BACTERIA SAYS ABOUT YOUR PSORIASIS

The bacteria in your gut—your microbiome—could say something about your psoriasis and whether your treatment is working. When researchers compared the microbiomes of people with and without psoriasis, they found that those with psoriasis had higher levels of several types of bad bacteria and lower levels of some of the good stuff. But, their study showed, successful psoriasis treatment tends to rebalance the bacteria for the better. This finding could lead doctors to one day test a person's gut to see if their psoriasis treatment is working. Current research also explores whether probiotics—pills, capsules, or liquid, which improve the balance of gut bacteria—could help people with psoriasis.

SOURCE: *International Journal of Molecular Sciences*

GO FOR THE GLYCERIN

People with psoriasis have long claimed that cheap, over-the-counter glycerin soothes the itchy, red scales on their skin. Now researchers have taken the first steps to prove that it may be more than just a folk remedy. In a study, glycerin applied to mice with psoriasis reduced inflammation and allowed skin cells to reach full maturity—rather than constantly regenerating as skin cells typically do in psoriasis flares. The scientists plan to continue their research in clinical trials on people with psoriasis. But until then, there's virtually no risk in trying this harmless oil on your skin.

SOURCE: *International Journal of Molecular Sciences*



JAVIER ZAYAS PHOTOGRAPHY/VIA GETTY IMAGES

STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs



125 MILLION

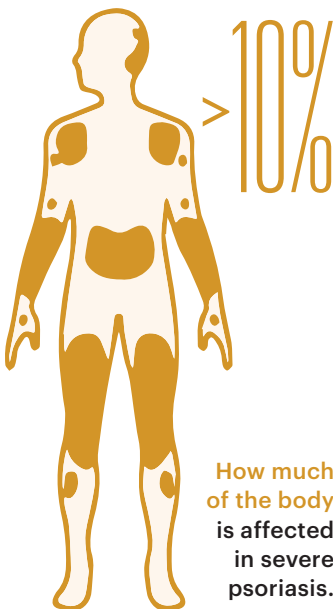
Number of people who have psoriasis worldwide.

8 million

Number of people who have psoriasis in the U.S.

1.5% vs. 3.6%

Amount of African Americans who have psoriasis compared with white people.



How much of the body is affected in severe psoriasis.



UP TO 9 IN 10

Number of psoriasis cases that are plaque psoriasis.

6 in 10

Number of people with psoriasis who say the condition is a large problem in their everyday life.



3% to 10%

How much of the body is affected in moderate psoriasis.



Skyrizi[®]
risankizumab-rzaa

I have moderate to severe plaque psoriasis
THE OPPORTUNITY FOR NOTHING ON MY SKIN MEANS EVERYTHING TO ME

**NOTHING IS
EVERYTHING**

KEEP YOUR SKIN CLEARER **WITH 4 DOSES A YEAR**
AFTER 2 STARTER DOSES

IN CLINICAL TRIALS, AT 4 MONTHS
3 OUT OF 4 PEOPLE ACHIEVED
90% CLEARER SKIN
WITH JUST 2 DOSES

OF THOSE, NEARLY 9 OUT OF 10
PEOPLE SUSTAINED IT
THROUGH 1 YEAR

NEARLY 4 OUT OF 10 ACHIEVED
100% CLEAR SKIN
AT 4 MONTHS
NEARLY 6 OUT OF 10 ACHIEVED IT
AT 1 YEAR

SKYRIZI USE

SKYRIZI 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).

Important Safety Information

What is the most important information I should know about SKYRIZI[®] (risankizumab-rzaa)?

SKYRIZI is a prescription medicine that may cause serious side effects, including:

Serious allergic reactions:

- Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:
 - fainting, dizziness, feeling lightheaded (low blood pressure)
 - swelling of your face, eyelids, lips, mouth, tongue, or throat
 - trouble breathing or throat tightness

- chest tightness
- skin rash, hives
- itching

Infections:

SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI 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 and after treatment with SKYRIZI.

- Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:
 - fever, sweats, or chills
 - cough
 - shortness of breath
 - blood in your mucus (phlegm)
 - muscle aches

- warm, red, or painful skin or sores on your body different from your psoriasis
- weight loss
- diarrhea or stomach pain
- burning when you urinate or urinating more often than normal

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about SKYRIZI?”
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine).

**ASK YOUR DERMATOLOGIST ABOUT SKYRIZI
SEE MORE AT SKYRIZI.COM**

Medications that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.

- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects. See “What is the most important information I should know about SKYRIZI?”

The most common side effects of SKYRIZI include upper respiratory infections, feeling tired, fungal skin infections, headache, and injection site reactions.

These are not all the possible side effects of SKYRIZI. Call your doctor for medical advice about side effects.

Use SKYRIZI exactly as your healthcare provider tells you to use it.

SKYRIZI is available in a 150 mg/mL prefilled syringe and pen.

Please see the following page for important product information for patients.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

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US-SKZD-210723 July 2022

SKYRIZI® (sky-RIZZ-ee) (risankizumab-rzaa) injection, for subcutaneous use

CONSUMER BRIEF SUMMARY

Consult Package Insert for full Prescribing Information

Patient Information

Read the Medication Guide that comes with SKYRIZI before you start taking it and each time you get a refill. There may be new information. This brief summary is not comprehensive and does not take the place of talking with your doctor about your medical condition or treatment. For a copy of the full Prescribing Information visit www.SKYRIZI.com or call 1-866-SKYRIZI (1-866-759-7494).

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

SKYRIZI may cause serious side effects, including:

Serious allergic reactions. Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:

- fainting, dizziness, feeling lightheaded (low blood pressure)
- swelling of your face, eyelids, lips, mouth, tongue, or throat
- trouble breathing or throat tightness
- chest tightness
- skin rash, hives
- itching

Infections. SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI 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 and after treatment with SKYRIZI. Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:

- fever, sweats, or chills
- cough
- shortness of breath
- blood in your mucus (phlegm)
- muscle aches
- warm, red, or painful skin or sores on your body
- different from your psoriasis
- weight loss
- diarrhea or stomach pain
- burning when you urinate or urinating more often than normal

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

What is SKYRIZI?

SKYRIZI 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).
- with active psoriatic arthritis (PsA).

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

Who should not use SKYRIZI?

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI. See the end of this Brief Summary for a complete list of ingredients in SKYRIZI.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about SKYRIZI?”

- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). Medicines that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.
- if you become pregnant while taking SKYRIZI, you are encouraged to enroll in the Pregnancy Registry. The purpose of the pregnancy registry is to collect information about the health of you and your baby. Talk to your healthcare provider or call 1-877-302-2161 to enroll in this registry.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I use SKYRIZI?

See the detailed “Instructions for Use” that comes with SKYRIZI for information on how to prepare and inject a dose of SKYRIZI, and how to properly throw away (dispose of) a used SKYRIZI prefilled pen or prefilled syringe.

- Use SKYRIZI exactly as your healthcare provider tells you to use it.
- If you miss your SKYRIZI dose, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. Call your healthcare provider if you are not sure what to do.
- If you inject more SKYRIZI than prescribed, call your healthcare provider right away.

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects. See “What is the most important information I should know about SKYRIZI?”

The most common side effects of SKYRIZI include:

- upper respiratory infections
- headache
- feeling tired
- injection site reactions
- fungal skin infections

These are not all of the possible side effects of SKYRIZI. 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 SKYRIZI?

- Store SKYRIZI in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Do not freeze SKYRIZI.
- Do not shake SKYRIZI.
- Keep SKYRIZI in the original carton to protect it from light.

- SKYRIZI is not made with natural rubber latex.
- Keep SKYRIZI and all medicines out of the reach of children.**

General information about the safe and effective use of SKYRIZI

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SKYRIZI for a condition for which it was not prescribed. Do not give SKYRIZI to other people, even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about SKYRIZI that is written for health professionals.

What are the ingredients in SKYRIZI?

Active ingredient: risankizumab-rzaa

SKYRIZI 150 mg/mL inactive ingredients: acetic acid, polysorbate 20, sodium acetate trihydrate, trehalose dihydrate, and Water for Injection, USP.

SKYRIZI 75 mg/0.83 mL inactive ingredients: disodium succinate hexahydrate, polysorbate 20, sorbitol, succinic acid, and Water for Injection, USP.

SKYRIZI is available in a 150 mg/mL prefilled syringe and pen.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

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MORE THAN SKIN DEEP

UNDERSTANDING THE LINK BETWEEN PSORIASIS AND OTHER CONDITIONS

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Psoriasis is an immune condition that affects your skin. But it's often a sign of trouble that goes much deeper.

"A lot of patients want to know how to get rid of the rash," says Anthony P. Fernandez, MD, PhD, a dermatologist at Cleveland Clinic in Ohio. "What we've learned is—for patients who have moderate to severe psoriasis—this is really a systemic disease."

Psoriasis is moderate if 3% to 10% of your skin is affected, he says. That's an area about the size of four palm prints. More than 10 palms is severe. What's on your skin reflects inflammation that may affect organs and systems throughout your body. This explains the link between psoriasis and many other health problems.

ARTHRITIS

Arthritis is the most well-known condition with links to psoriasis. It's even got a special name: psoriatic arthritis.

"Upwards of 30% of patients with psoriasis are at risk for developing this type of arthritis at some point," Fernandez says.

Psoriatic arthritis comes with joint pain, stiffness, and swelling that can affect daily living. Unlike the damage you see on your skin, joint damage is permanent.

HEART DISEASE

Heart disease is the most prominent and life-threatening condition with links to psoriasis, according to Fernandez.

"Patients with psoriasis are more likely to be obese," he says. "They more often have high blood pressure, metabolic syndrome, and cholesterol

abnormalities. All of these are risk factors for cardiovascular disease."

Psoriasis comes with an increased risk for heart attack and stroke. It's not clear exactly how or why they're connected, but Fernandez says it's possible that inflammatory factors involved in psoriasis might encourage more plaque in your arteries. More plaque means more risk for a serious cardiovascular event.

GASTROINTESTINAL DISEASES

There's a link between psoriasis and inflammatory bowel disease (IBD)—especially Crohn's disease, Fernandez says. Crohn's and psoriasis may share common genetic and inflammatory factors.

Emerging evidence also shows a link between psoriasis and nonalcoholic fatty liver disease (NAFLD). People with psoriasis

have double the risk of developing NAFLD and are also more likely to progress to severe liver disease.

MENTAL HEALTH

People with psoriasis more often have anxiety and depression. "On the surface, you might think this is because you've got bad skin and people comment," Fernandez says. "But there may be a biological reason."

The inflammatory factors affecting other parts of your body might also affect your brain. Because psoriasis is a systemic disease, it should be treated systemically, with biologic or other medicines that target the root of the problem, Fernandez says. The hope is that treating the immune trouble and inflammation that's causing your psoriasis may help lower your risk for these other health problems.

LIVING WITH PSORIASIS

HOW I LEARNED TO LOVE THE SKIN I'M IN

By Victoria Voos

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

In middle school and high school, the skin in the crease at the back of my scalp started to get dry and painful and crack open. I had a doctor prescribe a solution to help, but it would sting, and didn't seem to help at all, so I mostly ignored it. But once I got to college, the dry patches started to creep down my forehead. Now I was concerned. Why was this red patchy skin happening on my face? That was a tough time. I definitely got looks or questions and had to learn how to use makeup to cover it up.

I saw a dermatologist and got my diagnosis: psoriasis. Of course, that's what I'd been dealing with in middle school; I just didn't know it at the time. But looking

back, I realized that was my first experience with my symptoms. I thought I had dandruff all those years, and it was really just psoriasis. I would scratch my head and it would snow all over my shoulders. So finding out that diagnosis was helpful, especially knowing that it was something out of my control. It's genetic, and there's really nothing that I could have done to change it.

SEARCHING FOR RELIEF

I tried all kinds of treatments, but nothing worked. I cycled through topicals, injections, tar shampoos, pills, creams—everything. It was so frustrating that no matter what I tried, it didn't work. At one

point, my doctor gave me a steroid injection that seemed to make a difference—for a while. But it was a temporary fix, a bandage. That was a great couple of months. I was so happy to show my friends that I could scratch my head over a dark surface with no flakes. Such a relief!

Then, it started to affect my joints. I had developed psoriatic arthritis. It began in the top of my foot, which kept me from wearing any closed-toe shoes and made it very painful to walk. I got a steroid injection there, which worked again as a temporary fix. But it had become so painful that it was necessary to do something even if it was just temporary. I was experiencing the condition slowly





SCAN ME

Want to read this guide on the go? Use your mobile phone camera to activate the QR code.



VICTORIA'S TIPS

+ Develop a daily routine.

Finding the things that give you relief from the itch and dryness will make it that much less miserable.

+ Try seasonal skin care.

Your skin needs will be different in the summer versus the winter, so switch it up.

+ Practice acceptance.

Embrace your skin for what it is and forgive yourself for having bad days. They happen! Just keep on trying to love yourself as you are; it's a journey.

creeping from my scalp down to my face and then into my joints.

My mom happened to hear information on the radio about a research institute and sent me the information. There, I joined medical trials to test new and emerging treatments for psoriasis. I was able to get free medication, and sometimes was even paid for participating.

As someone who had been spending hundreds of dollars to try treatments that continued to fail, this was a game changer. Not only financially, but in terms of support. My doctor at the institute is always looking out for me. If a study I'm in isn't working, he looks for another one. He believes there's always

something else we can try.

I've been in my current trial for 2 years, and I'm starting to see it come back on my face. So I might need to do a different trial. That's another frustrating part about psoriasis—it can build up an immunity to medication. So even if you find something that works well, it may not be a forever solution.

FINDING SUPPORT AND ACCEPTANCE

Having such a visible condition definitely kept me a little self-conscious as I was growing up. But honestly, being plus size was more of a worry than my psoriasis at

that age. And now, as a plus-size lifestyle blogger, I get more attention for my size than my skin.

But because I talk about my psoriasis online, I have found people who have similar skin issues and gotten to know them. I think it's great that we have social media so we can connect with people who we otherwise would never know about.

If I had friends, family, or partners that made me feel terrible about how my skin looks, I'd probably have a more negative outlook. It's important that you do your best to accept yourself, but alongside that, be sure your community, the people that you surround yourself with, are positive and supportive of you too.



MEDICATIONS FOR MODERATE TO SEVERE PSORIASIS

A RUNDOWN OF THE OPTIONS

By Rachel Reiff Ellis

Reviewed by Debra Jaliman, MD,
WebMD Medical Reviewer

There's no cure for psoriasis. But with the right medical management, many people can reach remission, for as long as years at a time. This is in part because

there are many different and effective options available to treat the disease.

"We've had so much progress in psoriasis in the last decade or so that we now have more than a dozen treatments that are considered to be standard of care," says Joel M. Gelfand, MD, medical director of the Dermatology Clinical Studies Unit, and Psoriasis and Phototherapy Treatment Center at the University of Pennsylvania Perelman School of Medicine in Philadelphia.

Medications you can take to help keep your psoriasis under control include:

MEDICATIONS YOU PUT ON YOUR BODY

Topical treatments. These are over-the-counter or prescription creams and ointments you spread onto your skin. They reduce the thickness and redness or darkness of plaques. For mild psoriasis, topicals might be enough to treat symptoms, but more serious cases usually need more.

"Topicals are mostly used in combination with other therapies such as orals or biologics when treating

STICK WITH IT

Why you should keep up treatment when it's working.

+ Flares are unpredictable.

There's no way to know how long your remission will last.

+ You could rebound.

Sometimes stopping treatment can make your psoriasis come back more severely than before.

+ Prevention is key.

Consistent treatment helps keep clear skin clear.



moderate to severe psoriasis,” says Mary Hurley, MD, dermatologist at Texas Health Presbyterian Hospital Dallas.

Types of topicals include:

- Corticosteroids
- Retinoids
- Vitamin D
- Coal tar
- Salicylic acid

MEDICATIONS YOU PUT IN YOUR BODY

Systemic medications are drugs that go through your bloodstream. You take them either by mouth or by shot or IV.

Nonsteroidal anti-inflammatory drugs (NSAIDs). These are widely available over the counter in the form of ibuprofen and aspirin, but you can also get them in prescription strength from your doctor. These drugs help decrease inflammation, joint pain, and stiffness.

Phosphodiesterase-4 (PDE-4) inhibitors. These drugs block certain substances in your body that cause inflammation.

“Newer oral medications [such as PDE-4 inhibitors] can improve psoriasis with less severe side effects—mostly gastrointestinal side effects like nausea, loose stool, and

perhaps weight loss,” Hurley says.

Older oral medications. Vitamin A derivatives, certain chemotherapy drugs, and some immunosuppressive calcineurin inhibitor drugs are all pills you take by mouth. These drugs tend to have more severe side effects such as liver damage, kidney damage, and birth defects. Doctors don’t use these options as often as other, newer drugs.

Biologics. Biologics are a newer and stronger class of treatments for psoriasis. Instead of turning down your whole immune system to help reduce your symptoms like immunosuppressives do, they focus on specific parts instead.

“Biologic medications target and block specific proteins (cytokines) in your immune system that create psoriasis plaques,” Hurley says. You take them either by shot or IV.

The FDA approved the first biologic in 2003. Currently there are 11 different biologic treatments for psoriasis. Although doctors used to wait until other treatments failed to try biologics, now they’re a first-line option if you have moderate to severe psoriasis.

You might need medical tests such as a tuberculosis test and a blood test before you take them.

WHAT SHOULD MEDS DO?

Mary Hurley, MD, lists the goals of psoriasis treatment.

- + **Shrink it.** The goal of treatment is to reduce psoriasis down to 1% of body surface area or less 3 months after starting a new treatment.
- + **Control signs and symptoms.** You want to see fewer skin plaques as well as less itching, scaling, and redness.
- + **Reduce systemic inflammation.** If you also have psoriatic arthritis, our goal is to improve pain and halt joint destruction.



Read articles on
Alternative Treatments and
more at [WebMD.com/treatpsoriasis](https://www.webmd.com/treatpsoriasis).

CHOOSING A TREATMENT

WHAT TO CONSIDER AS YOU AND YOUR DOCTOR DECIDE

By Rachel Reiff Ellis

Reviewed by Debra Jaliman, MD, WebMD Medical Reviewer

When you're seeking a treatment to manage your psoriasis, you want one thing: clear skin. Fortunately, there are many different options to try. But how do you know which one is right?

"There's no simple metric for this decision-making path," says Adelaide A. Hebert, MD, professor and director of pediatric dermatology with McGovern Medical School at UTHealth Houston in Texas.

The choice begins with a consultation with your dermatologist, where you'll explore your options based on several factors:

SCOPE OF DISEASE

How much of your skin's surface is affected? Mild cases are more likely to respond to topical therapies you spread onto your skin, which Hebert says have improved in recent years.

Your doctor will also pay attention to where your psoriasis is. "Areas of body involvement—especially the face, hands, and feet—influence the therapy we select," Hebert says.

If you have psoriasis on 10% or more of your body surface area, you might need stronger, more targeted therapy like a biologic.

"The more severe the psoriasis, the more the patient may need systemic therapy," Hebert says.

SIDE EFFECTS

Some treatments tend to cause only minor issues, while others can have more severe side effects. Your doctor will look at your overall health to help determine if all the options are possibilities for you.

- **Topical treatments.** May cause skin irritation and thinned skin where you apply them. Topical retinoids can make you more sensitive to the sun.
- **Oral medications.** Older options can have serious side effects such as liver and kidney damage.
- **Injections.** Your immune system is also turned down on these drugs, which raises your risk of infection. You may have an injection site reaction.
- **IV infusions.** Can cause fatigue or flu-like symptoms.
- **Light therapy.** May cause itching, dryness, red skin, or blistering.

YOUR LIFESTYLE

You want to be sure you can keep up with the correct regimen that helps your treatment work best.

"[Some] oral medications may need lab monitoring, blood pressure checks, or avoidance of certain foods or other drugs," Hebert says.

Biologics by infusion require a visit to a clinic or infusion center. Light therapy typically happens in your dermatologist's office, although you may be able to use a home unit.

COST

Most people will need to manage their psoriasis for the rest of their life. "Some people can get remissions that are prolonged, but most people with psoriasis need to stay on treatment," Hebert says.

This means treatment costs become a new permanent line item in your budget. Know what your insurance will and won't cover.

"Insurance coverage often dictates what a physician may or may not prescribe for a given individual with psoriasis," Hebert says.