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PSORIASIS
FOUNDATION®

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SYSTEMIC TREATMENTS

Biologics and Oral Treatments

800-723-9166 | education@psoriasis.org | www.psoriasis.org

Types • Effectiveness • Side Effects • Use



NATIONAL
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Psoriasis

What is this booklet about and who is it for?

The **Systemic Treatments: Biologics and Oral Treatments** booklet is part of a series of educational materials for people with psoriasis and psoriatic arthritis (together called psoriatic disease). The series is also for their friends, family members and caregivers.

This booklet gives an overview of psoriasis and psoriatic arthritis and answers questions about treatment options such as:

- What are their risks?
- What are their side effects?
- Who can use them?
- Can they be used with other treatments?

Health care providers who have experience treating psoriatic disease have reviewed this booklet and feel it is correct, safe and helpful.

However, people with psoriasis and psoriatic arthritis are not all alike. They have different backgrounds, habits and medical histories. Each person may respond to treatments differently and at different times.

If you have questions or concerns about this booklet, talk with your health care provider. Or contact our Patient Navigation Center:

- Phone: 800-723-9166
- Email: education@psoriasis.org
- Website: psoriasis.org/navigationcenter

What is psoriasis (sore-EYE-ah-sis)?

Psoriasis is a chronic (lifelong) disease. It is related to the immune system. This means that immune system activity plays a role in causing the disease. When you have psoriasis, your immune system becomes overactive.

The overactive immune system causes inflammation (swelling and redness) of the skin and speeds up skin cell growth. This results in itchy or painful, scaly, inflamed plaques (patches) on your skin.

Psoriasis is not contagious. You can't catch it from anyone. It tends to run in families, so it is linked to genes you inherit. The link between genes and psoriasis is not yet fully understood.

Psoriasis affects over 8 million people in the United States. Symptoms often start between ages 15 and 25. But they can start at any age. Men, women and children of all skin colors and income levels can have psoriasis.

Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It affects your quality of life. It can limit your activities, cause constant pain and itch, lead to depression, and raise your risk for diabetes and heart disease. You may be self-conscious about how you look when you have a flare (sudden outbreak of symptoms).

There is no cure for psoriasis. But there are many ways to treat it and manage symptoms. Treatment is the best way to improve your quality of life and lower your risk of related diseases.

To treat your psoriasis, talk with a health care provider. Your health care provider can be a doctor, nurse or other medical professional. It's best to talk with someone who specializes in psoriasis. This can be a dermatologist (skin doctor) or a medical professional who has experience treating people with psoriasis.

The National Psoriasis Foundation's mission is to drive efforts to cure psoriatic disease and improve the lives of those affected.

Psoriatic Arthritis

What is psoriatic arthritis?

Psoriatic arthritis is a chronic disease. Like psoriasis, it is also related to the immune system. This means that immune system activity plays a role in causing the disease. Psoriatic arthritis causes swelling, pain and stiffness in your joints and in areas where your tendons and ligaments connect to bone. It is not contagious. This means you can't catch it from or spread it to other people.

About 1 in 3 people with psoriasis develop psoriatic arthritis. It can start at any age, but often appears between ages 30 and 50. Psoriatic arthritis can start at any time after skin psoriasis. For most people, it starts about 10 years after psoriasis begins. But it can also start before skin symptoms develop.

To treat your psoriatic arthritis, talk with a health care provider. It's best to talk with someone who specializes in psoriatic arthritis. This can be a rheumatologist (arthritis doctor) or a medical professional who has experience treating people with psoriatic arthritis.

Systemic Treatments

There are safe and effective treatment options for psoriatic disease. Treatments for psoriasis can reduce symptoms like inflammation (swelling and redness) and help you achieve clearance or remission (clearance of your symptoms for periods of time). For psoriatic arthritis, treatment can reduce joint pain, keep your joints working well and prevent future joint damage.

Your health care provider will recommend treatments based on:

- Whether you have psoriasis or psoriatic arthritis
- Whether your disease is mild, moderate or severe
- Your reaction to a treatment

Many treatments for psoriasis are also used to treat psoriatic arthritis.

In 2016, the National Psoriasis Foundation Medical Board published the first U.S. defined treatment targets for psoriasis. More information about these targets is available for patients and health care providers at [psoriasis.org/treat-to-target](https://www.psoriasis.org/treat-to-target). These treatment targets can help you to know what to expect from your treatments. They can also help you set personal goals for managing your psoriasis.

The following are the defined treatment targets for psoriasis:

Time after starting a new treatment plan	Treatment target
3 months	Less than 1% of your body affected by psoriasis*
6 months	Less than 1% of your body affected by psoriasis

*It may be acceptable to have less than 3% of your body affected by psoriasis (or have experienced 75% improvement) at this time.

You and your health care provider can use these treatment targets to decide if a treatment is working well for you. If your treatment is not meeting your goals, keep working with your health care provider. Speak with your health care provider about other treatment options. This might mean increasing your treatment dosage, adding another treatment or switching treatments.

As a rule of thumb, the entire hand (the palm, fingers and thumb) is equal to about 1 percent of your body surface area.

Other organizations have developed treatment targets for psoriatic arthritis. We recommend that you speak with your health care provider about treatment targets that are most appropriate for your psoriatic disease.

Finding the treatment that gives the most relief from symptoms may take time. No one treatment works for everyone. Some treatments work for a while and then stop. Some treatments work better combined. Speak with your health care provider about potential benefits, side effects or risks if you have concerns.

What are systemic treatments?

Systemic treatments treat the body from the inside out. They are usually used for people with moderate to severe psoriasis or psoriatic arthritis. They can be taken by mouth, given as an injection (shot) or as an IV infusion (slow drip of medicine into your vein).

Providers can generally treat mild to moderate psoriasis with topicals (over-the-counter or prescription strength) or phototherapy (light therapy). For moderate to severe psoriasis, they can combine topicals and phototherapy with some systemic treatments. To learn more, read our [Topical Treatments](#) and [Phototherapy](#) booklets.

There are several types of systemic treatments:

- **Biologics** are large molecules made from living sources such as human, animal or bacteria cells. They are given as an injection or as an IV infusion.
- **Oral treatments** are small molecule medicines you take by mouth.
- **Off-label systemic treatments** are medicines approved for other diseases or health conditions that can sometimes be used for treating psoriatic disease. Some can be taken by mouth. Others can be given as an injection.

These treatments give a wide range of safe and effective choices for people with psoriasis or psoriatic arthritis. Systemic treatments may be effective in reducing your psoriatic symptoms and clearing your psoriasis for different lengths of time.

It's usually a good idea to allow 3 to 4 months to test if a new treatment will work. Using treatments the right way can make a big difference in results.

What are the risks?

The specific risks of each type of systemic treatment are included in each section in the following pages.

Before you start treatment, be sure to talk with your health care provider about these risks and possible interactions with medicines or dietary supplements you are taking.

What are the possible side effects?

Severe side effects of systemic treatments are rare. Although severe side effects can occur, they are generally mild. They may go away with a lower dose or if the medicine is stopped. They usually don't cause people to stop taking the medicine. Tell your health care provider if you have side effects that bother you or that don't go away. The specific side effects of each type of systemic treatment are included in each section in the following pages.

These symbols show if a treatment is for psoriasis, psoriatic arthritis or both. To learn more, go to psoriasis.org.



Psoriasis



Psoriatic Arthritis

Biologics

What is it?

Biologics are medicines made from living sources such as human, animal or bacteria cells. The first biologic used for treating psoriatic disease was approved in 2002 by the U.S. Food and Drug Administration (FDA).

Biologics target specific parts of the immune system that play a role in psoriatic disease. Some target cytokines (a type of protein that acts as a chemical messenger). Others target cells, such as T cells (a type of white blood cell). They seem to be less likely than oral treatments to affect other organs in the body. Researchers are still studying the long-term effects. But so far, data shows that biologics are safe. You take biologics as an injection or by IV infusion.

Biologics, including biosimilars, are among the most effective treatments if you have moderate to severe psoriasis. Your psoriatic symptoms will show greatest improvement by 3 to 4 months. For some people, it may take longer for symptoms to reduce or clear. Ask your health care provider if biologics will help your psoriasis or psoriatic arthritis.

Biosimilars are a type of biologic medicine. Like biologics, biosimilars are medicines made from living sources. Biosimilars are modeled after an already approved biologic (also called the “reference product”). They are highly similar to biologics in how they treat psoriasis and psoriatic arthritis. There is a different approval process for biosimilars compared to other medicines. However, FDA standards ensure that approved biosimilars are just as safe and effective as their biologic reference products. Researchers will learn more about their safety and efficacy as they are used.

What are the risks?

If you are considering biologics, talk with your health care provider about benefits, side effects and risks.

Normally, your immune system fights illnesses and infections. When you have psoriasis or psoriatic arthritis, your immune system overacts. This causes inflammation of the skin and speeds up skin cell growth in psoriasis. It also causes inflammation in the joints, tendons and ligaments in psoriatic arthritis.

Biologics suppress (lower) the part of the immune system that is overactive. When on a biologic, you may have a higher risk of infection. If you notice any sign of infection call your health care provider right away.

Signs of infection include:

- Chills
- Damp, sticky feeling or sweating
- Fever
- Nasal (nose) or chest congestion
- Pain or burning when urinating
- Shortness of breath
- Skin redness, swelling, soreness or warmth

What are the possible side effects?

The most common side effects of biologics include:

- Cold or flu-like symptoms
- Fatigue (feeling tired)
- Fungal infections
- Headache
- Nausea or pain in the abdomen
- Swelling, itch or rash near shot or IV area
- Upper-respiratory infections

Who should not take biologics?

There are warnings for each biologic. You may still be able to use biologics if any of the following apply to you. Speak with your health care provider about whether they may be appropriate. If you are thinking about using biologics, your health care provider might ask you if you have:

- A lowered immune system
- Active tuberculosis (TB) or a positive TB test that has not been treated
- An active infection
- Recently gotten a live vaccine such as shingles, MMR (measles, mumps and rubella) or flu mist

Are biologics used with other treatments?

All biologics, including biosimilars, can be used with other psoriatic treatments such as phototherapy, topicals or oral treatments. Talk with your health care provider about biologics and their safety with other treatments.

You should not use biologic treatments together because of the unknown risks. If you are on other medicines that suppress your immune system, talk with your health care provider about the risks and benefits of using biologics.

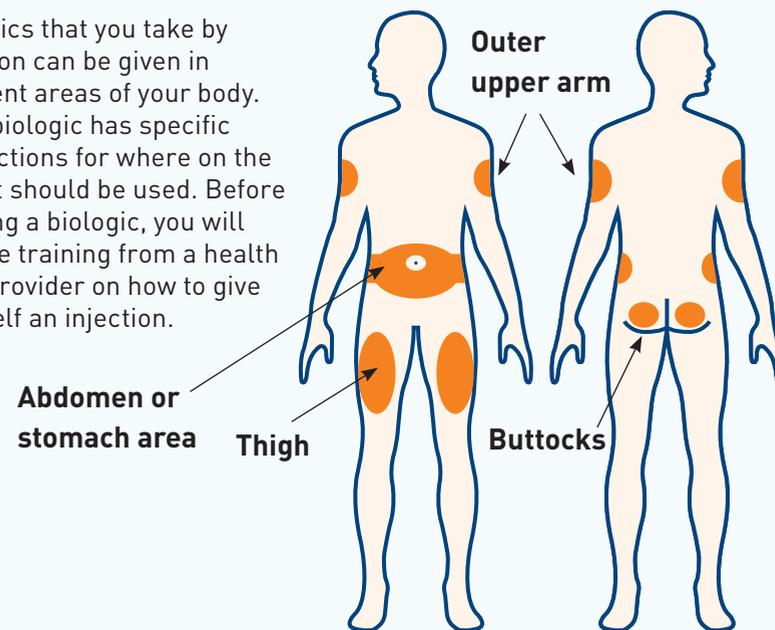
Types of biologics

There are currently 5 types of biologics for treating psoriatic disease. They are categorized according to what they target and inhibit (block or lessen) in the body:

- Tumor necrosis factor-alpha (TNF-alpha) inhibitors
- Interleukin 12 and 23 (IL-12/23) inhibitors
- Interleukin 17 (IL-17) inhibitors
- Interleukin 23 (IL-23) inhibitors
- T cell inhibitors

This section discusses the biologics used for treating psoriasis and psoriatic arthritis. The trade name is listed first, followed by the name of the biologic in parenthesis.

Biologics that you take by injection can be given in different areas of your body. Each biologic has specific instructions for where on the body it should be used. Before starting a biologic, you will receive training from a health care provider on how to give yourself an injection.



TUMOR NECROSIS FACTOR-ALPHA (TNF-ALPHA) INHIBITORS

In psoriasis and psoriatic arthritis, the body makes too much of the cytokine called TNF-alpha. This leads to faster growth of skin cells in psoriasis. It also causes joint inflammation in psoriatic arthritis. TNF-alpha inhibitors stop the inflammation in psoriatic disease.

TNF-alpha inhibitors can be prescribed for a pregnant or nursing woman if the medical need is clear. You and your health care provider will decide this together.

You should not take TNF-alpha inhibitors if you have:

- Heart failure
- Multiple sclerosis (MS) or a first-degree relative (parent, sibling or child) with MS

There are 5 TNF-alpha inhibitor medicines. All of the biosimilars currently approved for psoriatic disease are biosimilars for a TNF-alpha inhibitor. For all of these, you will be screened first for latent TB (tuberculosis that may be inactive in your body). You may also get regular blood tests. You must take these medicines long-term to keep skin clear and help slow the progress of joint damage. Depending on which biologic you are on, you or your health care provider can give you a shot or your health care provider can give you an IV.

Cimzia (certolizumab pegol)

- For psoriasis: You give yourself 2 shots at weeks 0, 2 and 4 and then 1 shot every other week

Enbrel (etanercept)

- For psoriasis in adults: You give yourself 2 shots every week for 12 weeks and then once every week
- For psoriasis in children: A caregiver will give a shot every week
- For psoriatic arthritis: You give yourself a shot every week

Humira (adalimumab)

- For psoriasis: You give yourself 2 shots on the same day during the first week and then 1 shot every other week
- For psoriatic arthritis: You give yourself a shot every other week

Remicade (infliximab)

- For psoriasis and psoriatic arthritis: Your health care provider gives you an IV infusion at weeks 0, 2 and 6 and then once every 8 weeks
- The amount you get depends on your body weight

Simponi (golimumab)

- For psoriatic arthritis: You give yourself a shot once a month

There are now 5 approved biosimilars. They may be available for health care providers to prescribe:

- Amjevita and Cyltezo are biosimilarsto Humira
- Erelzi is a biosimilar to Enbrel
- Inflectra and Renflexis are biosimilars to Remicade

INTERLEUKIN 12 AND 23 (IL-12/23) INHIBITORS

IL-12 and IL-23 are different cytokines believed to raise the number of certain immune system cells, known as T cells, involved in psoriatic disease. IL-12/23 inhibitors reduce inflammation, improve psoriatic disease symptoms when taken long term and may slow the progress of joint damage.

There is one biologic that targets IL-12/23. You will be screened first for latent TB:

Stelara (ustekinumab)

- For psoriasis and psoriatic arthritis: You give yourself a shot or your health care provider can give you a shot at weeks 0 and 4 and then every 3 months
- The amount you get depends on your body weight

INTERLEUKIN 17 (IL-17) INHIBITORS

IL-17 is a cytokine involved in inflammatory and immune responses. There are high levels of IL-17 in psoriasis plaques and areas affected by psoriatic arthritis. By blocking IL-17, which triggers inflammation, these medicines reduce psoriatic symptoms.

There are 3 medicines that are IL-17 inhibitors. For these, you will be screened first for latent TB. You must take these long-term to keep skin clear. You and your health care provider gives you shots as follows:

Cosentyx (secukinumab)

- For psoriasis: You give yourself 2 shots at weeks 0, 1, 2, 3 and 4 and then 2 shots once a month
- For psoriatic arthritis: You give yourself a shot at weeks 0, 1, 2, 3 and 4 and then once a month

Siliq (brodalumab)

- For psoriasis: You give yourself a shot at weeks 0, 1 and 2 and then every other week

Taltz (ixekizumab)

- For psoriasis: You give yourself 2 shots on the same day during the first week, 1 shot every other week for 3 months and then once a month

If you are considering using Siliq speak with your health care provider about its warnings on suicidal ideation and behavior. Siliq is available only through a restricted program called the SILIQ REMS Program.

INTERLEUKIN 23 (IL-23) INHIBITORS

IL-23 is a cytokine involved in psoriatic disease. IL-23 inhibitors reduce psoriatic symptoms and slow progression.

There is one biologic that targets only IL-23:

Tremfya (guselkumab)

- For psoriasis: You give yourself a shot at weeks 0 and 4 and then every 2 months

T CELL INHIBITORS

T cells are a type of white blood cell that is involved in psoriasis and psoriatic arthritis. Biologics that target T cells work to reduce inflammation.

There is one biologic that targets T cells:

Orencia (abatacept)

- For psoriatic arthritis: You give yourself a shot once a week

Oral Treatments

What is it?

Oral treatments are medicines you take by mouth. Some act only on part of your immune system. Others may act on your whole body.

What are the risks?

Normally, your immune system fights illnesses and infections. When you have psoriasis or psoriatic arthritis, your immune system overacts. This causes inflammation.

Different oral treatments work in different ways to decrease psoriatic symptoms. They can act on specific cells of the immune system or on the whole immune system. Some oral treatments may suppress your immune system, causing greater risk of infection or organ damage. If you notice any sign of infection, call your health care provider right away. For a list of signs of infection, please go to page 7.

You should not use certain oral treatments, such as methotrexate or Soriatane (also known by its generic name, acitretin), if you are pregnant or nursing. You can use some other oral treatments if there is a medical need. You and your health care provider will decide this together.

Speak with your health care provider about other risks not specific to pregnancy.

What are the possible side effects?

Side effects are specific to each oral treatment and are discussed in their sections on the following pages.

Who should not take oral treatments?

There are warnings for each of the oral treatments. You may still be able to use oral treatments if any of the following apply to you. Speak with your health care provider about whether they may be appropriate. If you are thinking about using oral treatments, your health care provider might ask if you:

- Are pregnant or nursing
- Have a lowered immune system
- Have a personal or family history of cancer
- Have an active infection
- Have gastrointestinal problems such as stomach ulcers
- Have heart, kidney or liver problems
- Have high blood pressure
- Recently got a live vaccine such as shingles, MMR (measles, mumps and rubella) or flu mist

Are oral treatments used with other treatments?

Oral treatments can be used with other psoriasis treatments such as topicals or phototherapy. Some may also be used with biologics. Each oral treatment has warnings for what it can or cannot be used with. Talk with your health care provider about safety with other treatments.



Cyclosporine

Cyclosporine suppresses parts of the immune system to slow down psoriasis. You take it by mouth daily as a pill or liquid. You dilute the liquid by mixing it with room temperature fruit juice, except grapefruit juice. Cyclosporine can give fast relief from psoriasis symptoms. Improvements can happen in 2 weeks to 3 or 4 months. Treatment with cyclosporine is **not** recommended for more than one year.

You should not use cyclosporine if you have severe gout.

The most common side effects of cyclosporine include:

- Cold or flu-like symptoms
- Upset stomach
- Headache
- Skin sensitivity
- High blood pressure or cholesterol

Cyclosporine may raise your risk for:

- Certain types of cancers such as skin cancer and lymphomas
- Kidney damage
- Liver damage
- Sensitivity to sunlight. Use sunscreen and protect your skin.

Cyclosporine may not be safe to use with OTC and prescribed treatments including:

- Anti-cancer medicines
- Anti-convulsants
- Anti-fungal medicines
- Anti-inflammatory medicines
- Aspirin or ibuprofen
- Calcium channel blockers
- Gastrointestinal agents
- Glucocorticoids or steroid hormones
- Immunosuppressant medicines
- Some antibiotics

Cyclosporine is usually safe to use with topical vitamin D-based medicines Dovonex (calcipotriene) and Vectical (calcitriol). It can also be used with topical corticosteroids.

Methotrexate



Methotrexate acts on your body. This medicine suppresses parts of the immune system to slow down psoriasis. You can also use it to reduce psoriatic arthritis inflammation.

Methotrexate can be taken orally or as a shot. It is taken once a week or divided and taken 3 times within a 36-hour period. Psoriatic symptoms usually begin to improve in 3 to 6 weeks, but may take up to 6 months.

You should not use methotrexate if you:

- Are a female trying to get pregnant or a male patient with a female partner trying to get pregnant. Men should stop use of methotrexate for at least 3 months and women for at least 1 ovulatory or menstrual cycle before trying for a pregnancy.
- Are nursing
- Have blood problems such as low bone marrow, low white blood cell count, low platelets or anemia
- Have alcoholic liver disease or other chronic liver diseases
- Have an immunodeficiency

The most common side effects of methotrexate include:

- Cold or flu-like symptoms
- Fatigue
- Lowered white blood cell count
- Malaise (feeling weak)
- Nausea or pain in the abdomen

Supplements or natural products, like folic acid or milk thistle, may help lessen methotrexate side effects. Talk with your health care provider about what may work for you.

Methotrexate may raise your risk for:

- Birth defects in the fetus if you are trying for a pregnancy or are pregnant
- Infection
- Diarrhea and mouth ulcers
- Diseases affecting soft tissue and bone tissue if used with radiation therapy or radiotherapy
- Liver damage, fibrosis and cirrhosis
- Lung disease
- Skin reactions

Avoid alcohol while using methotrexate. Your risk of liver damage is higher if you drink alcohol, have abnormal kidney function, are overweight or obese, have diabetes or have liver disease. Talk with your health care provider about your risk for liver damage.

Methotrexate may not be safe to use with certain medicines including OTC and prescription medicines. Speak with your health care provider if you are using:

- Antibiotics
- Medicines that affect the liver
- Nonsteroidal anti-inflammatory drugs (also called NSAIDs)

If you have psoriasis, methotrexate can be rotated (switched back and forth) with some other treatment options to lessen the possible side effects of methotrexate. This may be done with phototherapy, Soriatane (acitretin), cyclosporine or biologics. Rotation of methotrexate with other treatment options is **not** recommended for patients with psoriatic arthritis. Speak with your health care provider about whether this treatment method may be appropriate for you.

Otezla (apremilast)

Otezla acts on specific immune cells to reduce the overactive response that causes inflammation in people with psoriasis and psoriatic arthritis. Otezla can reduce flaking, scaling, and joint tenderness and swelling.

You should not use Otezla if you:

- Are allergic or sensitive to Otezla or its ingredients

The most common side effects of Otezla include:

- Diarrhea
- Headache
- Nausea
- Upper-respiratory infection

Otezla may raise your risk for:

- Depression
- Unexplained weight loss

Otezla may not be safe to use with certain medicines called cytochrome P450 inducers, such as rifampin, phenobarbital, carbamazepine and phenytoin.

Soriatane (acitretin)

Soriatane is an oral retinoid that acts on your whole body. It is a synthetic (man-made) form of vitamin A. Retinoids help control how fast skin cells grow and shed. This helps reduce psoriasis plaques.

You take Soriatane every day. How much you take depends on the type of psoriasis you have. Symptoms may begin to lessen or clear in 2 to 4 months, but may take up to 6 months.

You should not use Soriatane if you:

- Are pregnant or planning to become pregnant during treatment or at any time for at least 3 years after stopping treatment with Soriatane
- Are sensitive or allergic to retinoids
- Have a high level of fat in the blood that cannot be controlled by medicines
- Have liver problems
- Have kidney problems

The most common side effects for Soriatane include:

- Chapped and dry lips
- Hair loss
- Cold or flu-like symptoms
- Skin Peeling

Soriatane may raise your risk for:

- Birth defects in the fetus if you are pregnant or planning to become pregnant
- Liver damage

Avoid alcohol while using Soriatane due to increased risk for liver damage. Women of child-bearing potential should also avoid alcohol for 2 months after stopping treatment with Soriatane.

Due to high risks of birth defects, women of child-bearing potential should not take Soriatane. If you are a female considering using Soriatane, speak with your health care provider about its pregnancy warnings. Soriatane is available only through a restricted program called the Do Your P.A.R.T. Program.

Soriatane may not be safe to use with OTC and prescribed medicines including:

- Phenytoin (a medicine for epilepsy)
- Some antibiotics such as tetracycline
- Vitamin A supplements and oral retinoids

Soriatane may clear psoriasis symptoms when used alone. However, it may work better when used with phototherapy. It can also be used with biologics. Soriatane can be prescribed in rotation with other oral treatments such as cyclosporine or methotrexate.

Systemic steroids

Systemic steroids are anti-inflammatory medicines that act on your whole body. Systemic steroids are **not** recommended for long-term treatment of psoriasis or psoriatic arthritis. This is due to possible side effects and risks of long-term use.

They can be taken in pill form or injected into the muscle. Low-dose steroid injections into inflamed joints and around tendons may relieve swelling. They may also improve your range of motion and psoriasis symptoms.

The amount of systemic steroids you take can vary. It depends on how severe your psoriasis or psoriatic arthritis is and what your health care provider recommends.

You should not use systemic steroids if you:

- Are allergic or sensitive to systemic steroids or its ingredients
- Have an infection including fungal infections
- Recently got a live vaccine such as shingles, MMR (measles, mumps and rubella) or flu mist

Common side effects of systemic steroids include:

- Fluid retention
- Glaucoma
- High blood pressure
- Problems with mood, memory, behavior and other psychological effects
- Weight gain

Systemic steroids may raise your risk for:

- Eye conditions such as cataracts or infections
- High blood sugar or worsening diabetes
- Infections
- More severe viral infections
- Osteoporosis
- Suppressed adrenal gland hormone production
- Thinning of the skin, bruising and slower wound healing

The following are some medicines that may need to be monitored when used with systemic steroids. Tell your health care provider if you are using any of these medicines:

- Anticoagulants
- Aspirin
- Cyclosporine
- Medicines that affect the liver such as phenobarbital, phenytoin and rifampin
- Some antibiotics such as, troleandomycin and ketoconazole

Stopping the use of systemic steroids quickly may cause withdrawal symptoms. Ask your health care provider for instructions on how to taper (lessen dosage) and slowly stop treatment.

Systemic steroids are not often used for psoriasis unless it is given as an injection into a psoriasis plaque or lesion during a flare. Using systemic steroids to treat psoriasis sometimes makes the disease worse. For example, they may cause flares of pustular psoriasis in people who never had them before.

Off-label Systemic Treatments

What is it?

If you're using a medicine off-label, that means you're using it for a disease or health condition other than the one it was approved for by the FDA. A medicine the FDA has approved for other diseases or health conditions can sometimes be used for treating psoriatic disease. These medicines are known to be safe for human use. Your health care provider may prescribe these medicines for the treatment of your psoriasis or psoriatic arthritis.



Off-label does not mean generic.

Antimalarial treatment

Antimalarial treatments are sometimes used to treat psoriatic arthritis. In some people, antimalarial medicines may trigger psoriasis symptoms.

Isotretinoin

Isotretinoin is an oral retinoid commonly used to treat acne. It may be used to treat pustular

Isotretinoin is only available through a restricted program called iPLEDGE. You and your health care provider must register for this program that monitors use of isotretinoin for safety reasons.

psoriasis, but is not as effective as Soriatane for treating plaque psoriasis. Isotretinoin has many side effects like those of the oral retinoid Soriatane (go to page 19).

Isotretinoin may cause severe birth defects in the fetus if a woman becomes pregnant while treating with isotretinoin. If you are a female of child-bearing potential, talk with your health care provider about birth control while using isotretinoin.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs can help relieve the pain, swelling and stiffness of psoriatic arthritis.

Some are available as OTC and others are available by prescription only. NSAIDs sold OTC include aspirin, ibuprofen (Advil or Motrin) and naproxen sodium (Aleve). Speak with your health care provider about whether prescription NSAIDs are appropriate for your psoriatic arthritis.

Sulfasalazine

Sulfasalazine is a medicine that combines anti-inflammatory and antibiotic treatments. It is sometimes used to treat psoriasis. It may be only mildly effective for treating plaque psoriasis.

Methotrexate may work better than sulfasalazine. But sulfasalazine usually has fewer serious side effects than methotrexate. Many people cannot take sulfasalazine because of a sulfa allergy or because of side effects such as nausea, vomiting and loss of appetite.

Next Steps

Talk with your health care provider

Psoriasis and psoriatic arthritis are chronic conditions that need lifelong treatment. The good news is there are many treatments to help you manage these conditions. Make an appointment to talk with your health care provider about your symptoms and treatment options.

Contact our Patient Navigation Center

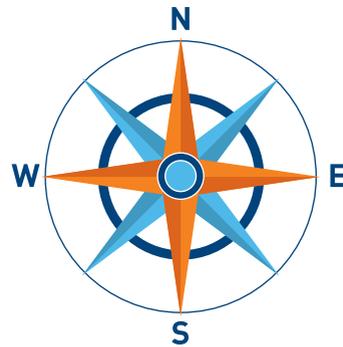
Have a question about psoriasis or psoriatic arthritis? The Patient Navigation Center provides free guidance to all people impacted by psoriatic disease.

We can help you:

- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

You can reach our navigators by phone, email, text and instant chat. They will give you one-on-one support on your journey to better health!

Go to psoriasis.org/navigationcenter.



Want more information?

Learn about the following topics in the other booklets in this series:

- Psoriatic arthritis, including how to manage flares and chronic pain
- Psoriatic disease in children and young adults
- Treatment options, including biologics and oral treatments, phototherapy and topicals
- Working with your health care providers, including how to find specialists and preparing for appointments

The National Psoriasis Foundation (NPF) is a 501 (c) (3) organization governed by a Board of Directors and advised on medical issues by a Medical Board.

NPF's educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician.

NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.

Treatment Updates



patient navigation
center

For the most updated treatment information, visit **psoriasis.org**. Or contact our Patient Navigation Center:

Phone: 800-723-9166

Email: **education@psoriasis.org**

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