

Psoriasis Discussion Guide – Your SOTYKTU®▼ (deucravacitinib) Treatment

Please always download the latest version of this discussion guide from the website before speaking with your healthcare team.

This is an interactive PDF, so you can tick and untick boxes, and type your own words in the sections provided. After completing this discussion guide, you should show your answers to your dermatology care team. This gives you an opportunity to provide feedback on your psoriasis and how your treatment fits in with your life.

1. Have you remembered to take your treatment every day?

Yes

No

If no, please provide more details.

2. Have you experienced any of the following symptoms since your last appointment?

Like all medicines, SOTYKTU can cause side effects, although not everybody gets them.

Please select all that apply.



Upper respiratory tract (nose and throat) infections (with symptoms such as sore throat and stuffy nose)



Viral infection of the mouth (e.g. cold sores)



Shingles



Acne-like rashes



Folliculitis (inflammation of hair follicles)



Sores in mouth

Other... please specify.

Reporting of side effects:

If you get any side effects, talk to your doctor, nurse, or pharmacist. This includes any possible side effects not listed in the patient information leaflet that came with your tablets.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.

See www.mhra.gov.uk/yellowcard for how to report side effects or search for MHRA Yellow Card in the Google Play or Apple App Store.

Side effects should also be reported to Bristol-Myers Squibb Medical Information on 0800 731 1736 or medical.information@bms.com

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3.

How much has psoriasis affected your everyday life?

Please rate the following in terms of how they have been affected since your last treatment.

Please answer all the questions.

Itchy, sore, painful or stinging skin

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Feeling embarrassed or self-conscious

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Ability to do everyday activities, such as shopping and looking after your home

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Clothes you wear

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Ability to take part in social or leisure activities

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Sports you take part in

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Working or studying

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Relationships

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

Sexual activities

| | | | | | |
|-------------|-------|-----------|--------|--------------|--------------|
| A lot worse | Worse | No effect | Better | A lot better | Not relevant |
|-------------|-------|-----------|--------|--------------|--------------|

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4. Do you have any concerns that you would like to discuss with your dermatology care team relating to the following?

Please select all that apply.

Your treatment

Social and
mental wellbeing

Psoriasis symptoms

Other symptoms

No concerns

Other... please specify.

5. What do you want to be able to do in the next 6 months that you can't do currently because of your psoriasis?

e.g. Go to the beach and sunbathe, be intimate with your partner

6. How happy are you with how SOTYKTU has worked for you?

Very unhappy

Unhappy

Neutral

Happy

Very happy

7. Would you like to discuss anything else with your dermatology care team at your next appointment?

Once you have completed this discussion guide, please remember to save the document.
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