

PSO Patient Care Gap Map

Information Included

- End-To-End Patient Journey
 - **Emotional Map:** *The peaks and valleys of the patient's feelings.*
 - **Care Moment Map:** *The key moments of care, including touchpoints with the healthcare system, when patients receive care or guidance as they manage their disease.*
 - **Care Gap Map:** *The points along the journey where patients experience common care gaps. Meaning, places patients experience a pain point, have a problem, or have an unmet need.*

How to Use:

- Use the arrow keys to navigate through the pages, or click on the different parts of the interactive journey to move through the journey at your own pace.





END-TO-END PATIENT JOURNEY

Overarching Stages



Emotional Map



Care Moment Map



Care Gap Map



Stage 1

(early disease experience)

Life Before
Psoriasis

First
Symptoms

Denial
& Home
Remedies

Seeing HCP &
Receiving a
Diagnosis

When patients first begin to experience symptoms through to receiving a psoriasis diagnosis

Stage 1 Care Gap Map



Stage 2

(professional treatment)

Initiating
Prescription
Treatment

Trial & Error
Cycle

Emotional
Breaking
Point

First Biologic
Initiation

Evaluating
Success
of Tx

After starting a prescription topical treatment and potentially trying several topicals, but before starting a biologic treatment

Stage 2 Care Gap Map



Stage 3

(treatment with biologics)

Developing
New Life
Routine

Switching
Biologics

Accepting
Chronic
Condition

After psoriasis patients first start a biologic treatment

Stage 3 Care Gap Map





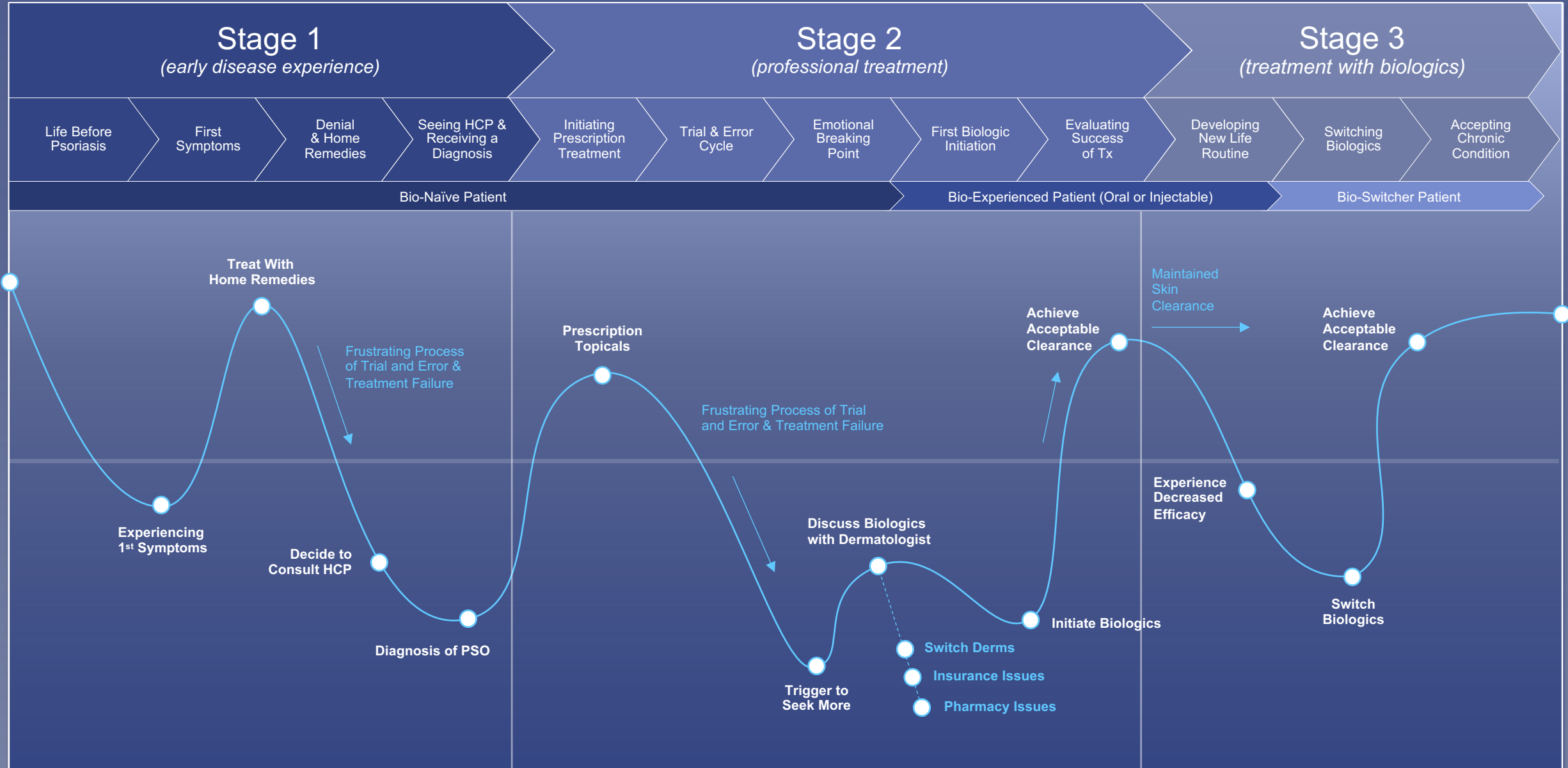
EMOTIONAL MAP

Overarching Stages

Emotional Map

Care Moment Map

Care Gap Map





EMOTIONAL MAP

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Stage 1 (early disease experience)

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Condition

Treat with
Home Remedies

Frustrating Process
of Trial and Error &
Treatment Failure

Experiencing
1st Symptoms

Decide to
Consult HCP

Diagnosis of PSO

Defining Motivation:

Patients seek to regain agency over their identity and the ability to attain their aspirational selves, dismissing any threats that might hinder their ability to express the self in the manner they desire.

Barriers Encountered:

The patient's skin begins to flake beyond their ability to control it, and they are provided literal direction at their diagnosis in order to know what to do about it, paralyzing them in their ignorance.

FEELING

- Unable to reach their goals and attain the ideal self, patients experience feelings of dejection, disappointment and sadness at their lack of agency.
- Unable to accurately display the self they feel inside to others, patients experience feelings of agitation – fearful that they are not able to appear in socially acceptable ways that will grant them the acceptance they desire.

THINKING

- Feeling as though their symptoms are beginning to detract from who they know themselves to be, patients think that if they ignore their condition, they'll be able to diminish its effects.
- Unable to control things on their own, patients' thoughts turn to finding professional assistance that will allow them to regain agency over their skin.

DOING

- Patients attempt to institute control over their symptoms through the use of home remedies, lifestyle changes and hiding their skin blemishes
- Patients talk to close confidants who might shed some insight and seek out information online about what might be happening to them
- Patients visit a healthcare provider – often beginning with a PCP before being referred to a specialist



EMOTIONAL MAP

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Stage 3 (treatment with biologics)

Life Before Psoriasis

First Symptoms

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Seeing HCP & Receiving a Diagnosis

Initiating Prescription Treatment

Trial & Error Cycle

Emotional Breaking Point

First Biologic Initiation

Evaluating Success of Tx

Developing New Life Routine

Switching Biologics

Accepting Chronic Condition

Prescription Topicals

Frustrating Process of Trial and Error & Treatment Failure

Achieve Acceptable Clearance

Discuss Biologics with Dermatologist

Trigger to Seek More

Switch Derms

Insurance Issues

Pharmacy Issues

Initiate Biologics

Defining Motivation:

Putting their aspirations aside, patients desire to establish a feeling of control in their lives once again. However, they soon learn to accept the transformation of the self and move forward in a new place of acceptance, integrating psoriasis into their identity.

Barriers Encountered:

Patients are at the mercy of treatments and of the medical system providing the treatments. Their ability to reinstate the sense of self they desire is put in the hands of unknown factors – forcing a surrender of the self and an acceptance of an unplanned, and undesirable reality.

FEELING

- Feelings of frustration, desperation, and mourning occur as patients are unable to hold on to the self they once knew.
- Patients land in a place of surrender – trading agency for hope that they might achieve normalcy once again. This hope is paid off on when biologics begin to show the promise of emotional and physical clearance.

THINKING

- Patients begin to wonder what else is out there as the process of trial and error leads to disappointment after disappointment.
- Patients begin to think that returning to normal may not ever happen, and so they turn their thoughts to what living life as a psoriasis sufferer could look like.
- Patients think through the risks and rewards of biologics – choosing to place their trust in a healthcare provider's recommendations

DOING

- Ask their healthcare provider for something more. They are introduced to biologics and the process of approvals they require. Trudge through the necessary steps to obtain treatment.
- Begin the process of initiating biologics, learning how to administer treatment and adjust their lifestyle to accommodate the biologic's requirements.



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Switching
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Accepting
Chronic
Condition

Defining Motivation:

Having accepted psoriasis as a permanent element of their identity, patients seek to maintain control over their sense of self in order to find peace with themselves – able to live free of the constant cognitive burden of psoriasis and confident in their ability to express the self.

Barriers Encountered:

Continued treatment failures and general unknowns that accompany psoriasis test the resolve of the newly transformed and accepted identity, creating moments of ongoing uncertainty throughout the journey.

Maintained Skin
Clearance

Achieve
Acceptable
Clearance

Experience
Decreased
Efficacy

Switch
Biologics

FEELING

- With a new accepted frame of reference about who they are, patients are able to feel hopeful about a desired future that they are able to aspire to.
- Patients experience moments of doubt in the journey that test their resolve, but are confident in the biologic treatment class as a tool to help them maintain clear skin.

THINKING

- Patients are thinking about how to build a new lifestyle that incorporates their treatments and condition into it in a way that makes sense to them. In doing so, they are re-establishing control over their lives and the psoriasis which is a permanent part of it.
- In moments of switching, patients continue to evaluate whether their dermatologist is still on their side and has their best interests in mind. They think through what they hear about biologics (dosing, side effects, price, etc.) and determine if this will continue to fit in to the lifestyle they are creating for themselves.

DOING

- Continuing regular healthcare provider visits to measure the effectiveness of their treatment.
- Undergoing the necessary logistical burdens of initiating a biologic treatment.
- Maintaining treatment routines in order to integrate the condition into their lives in a way that makes sense to them.



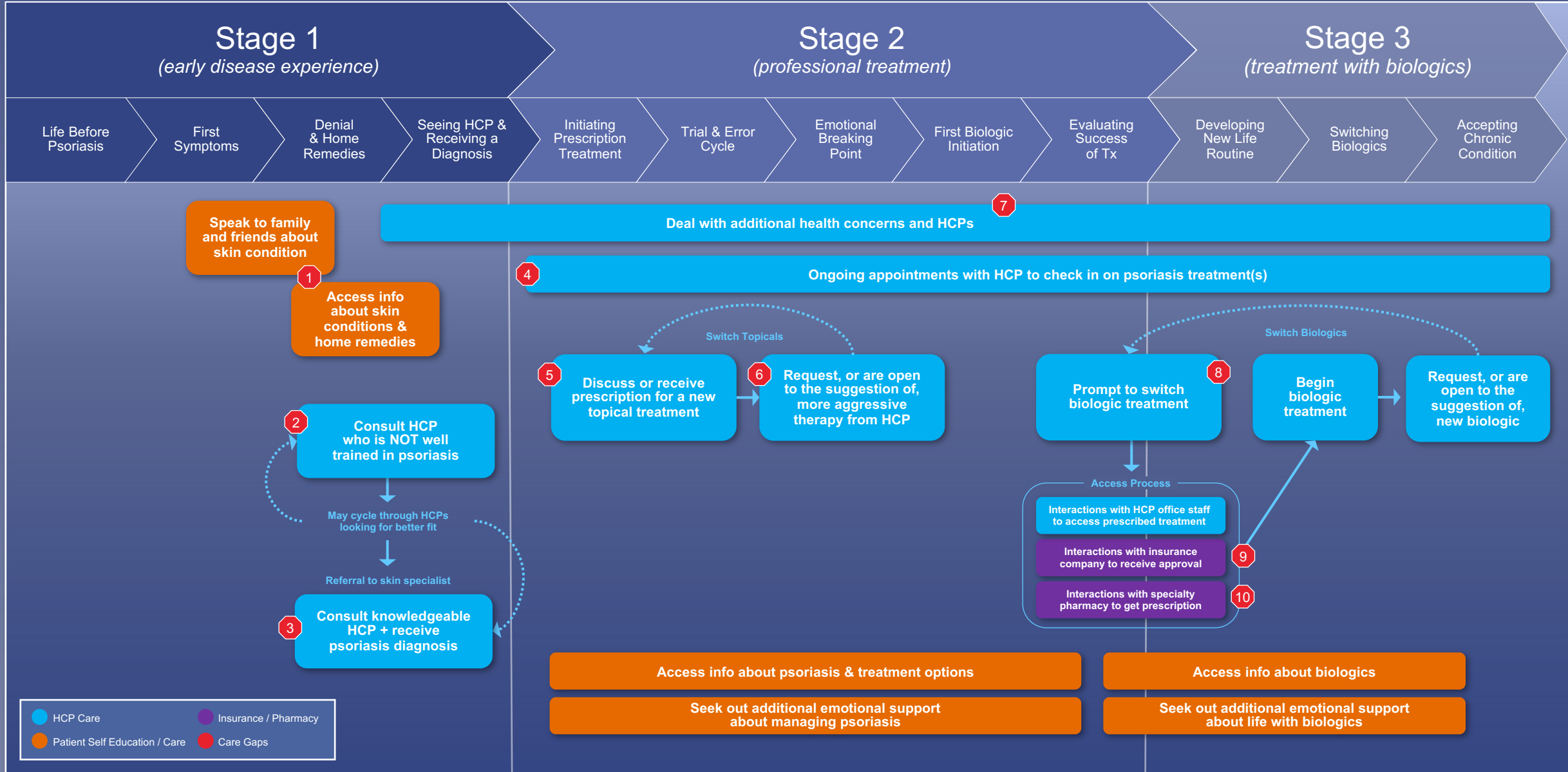
CARE MOMENT MAP

Overarching Stages

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Care Gap Map





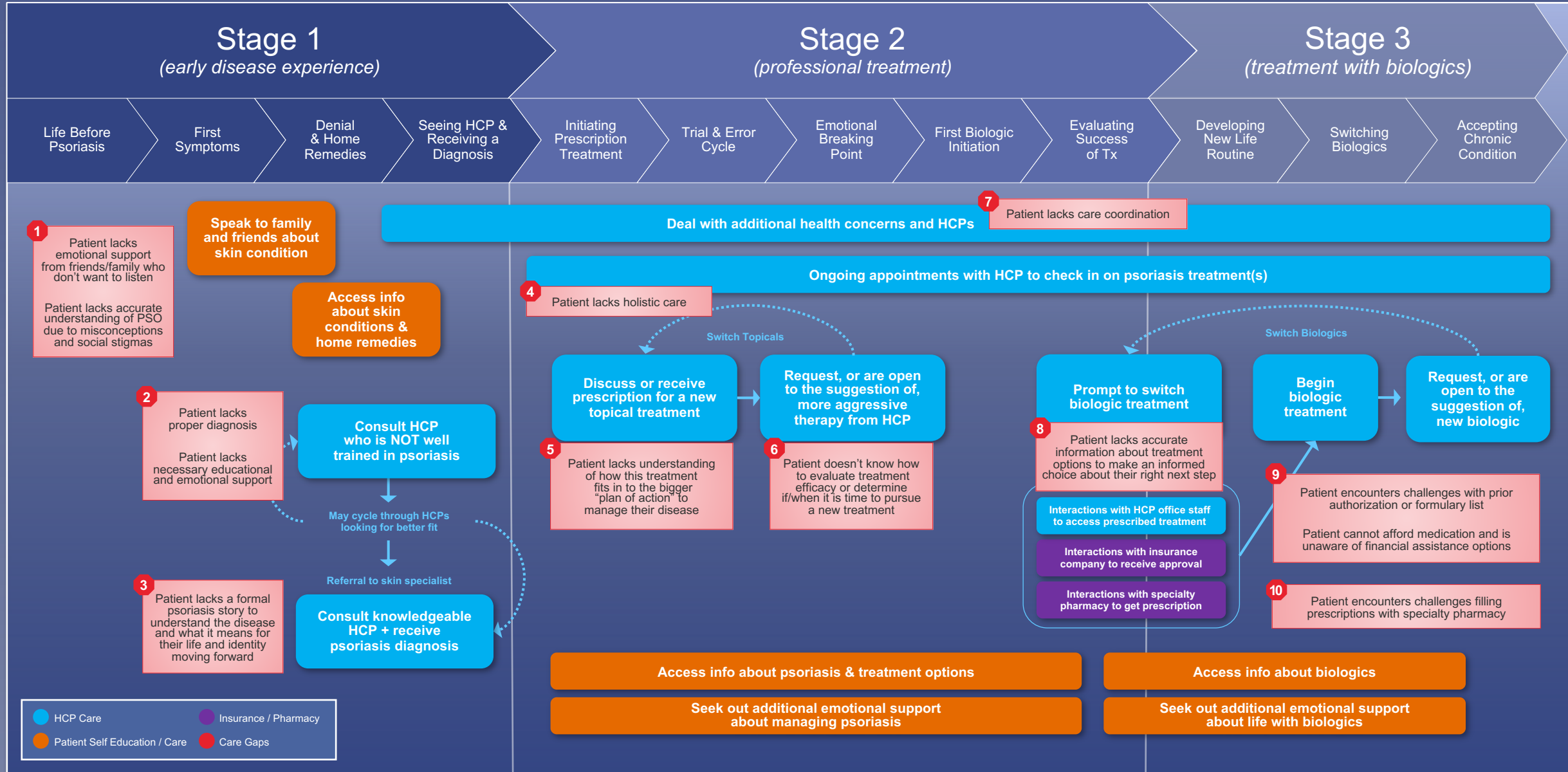
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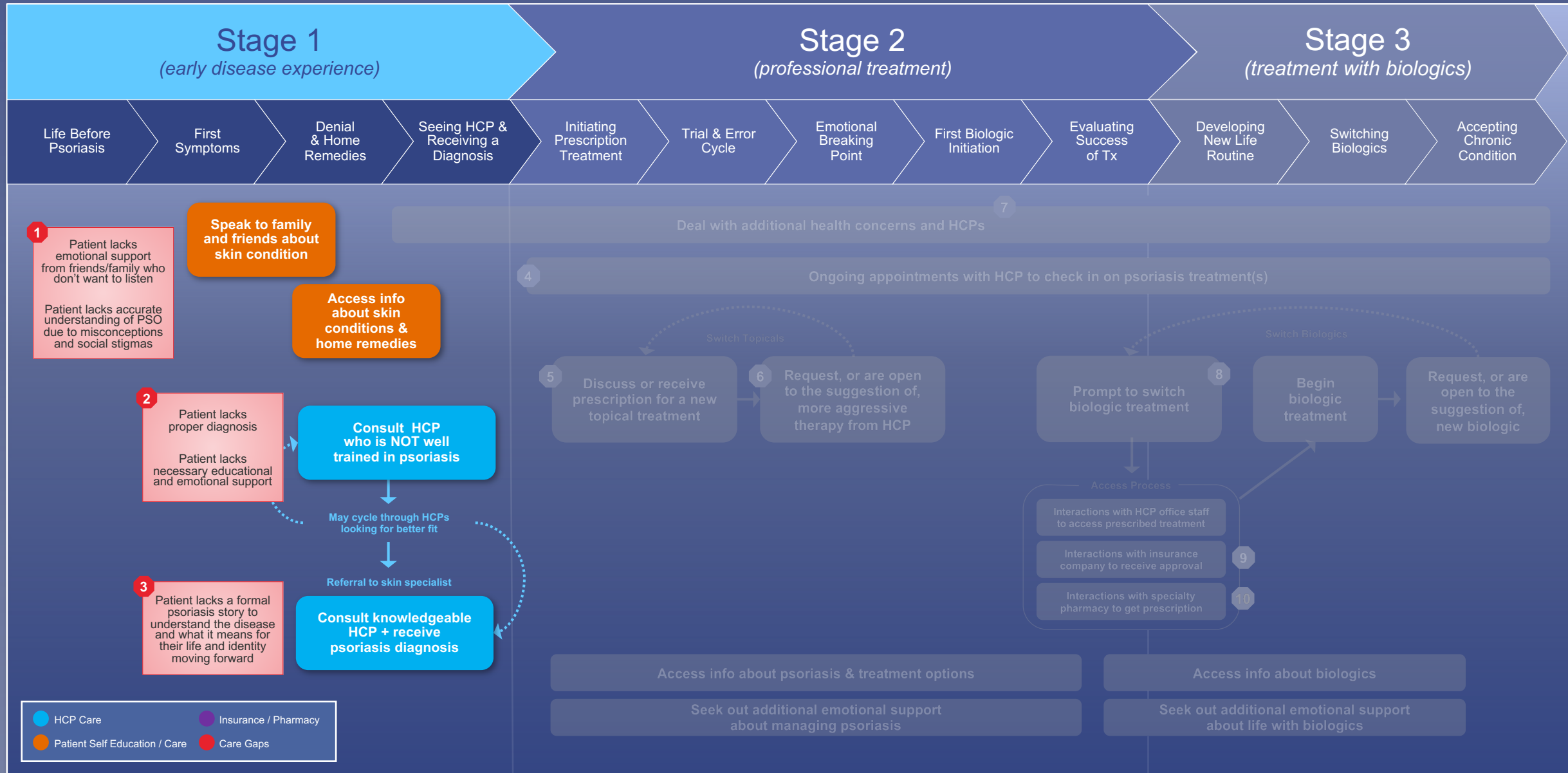
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CARE GAP MAP

Overarching Stages

Emotional Map

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Care Gap Map

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Stage 2 (professional treatment)

Stage 3 (treatment with biologics)

Life Before Psoriasis

First Symptoms

Denial & Home Remedies

Seeing HCP & Receiving a Diagnosis

Initiating Prescription Treatment

Trial & Error Cycle

Emotional Breaking Point

First Biologic Initiation

Evaluating Success of Tx

Developing New Life Routine

Switching Biologics

Accepting Chronic Condition

Speak to family and friends about skin condition

1
Access info about skin conditions & home remedies

2
Consult HCP who is NOT well trained in psoriasis

May cycle through HCPs looking for better fit

Referral to skin specialist

3
Consult knowledgeable HCP + receive psoriasis diagnosis

Deal with additional health concerns and HCPs

7
Patient lacks care coordination

Ongoing appointments with HCP to check in on psoriasis treatment(s)

4
Patient lacks holistic care

Discuss or receive prescription for a new topical treatment

5
Patient lacks understanding of how this treatment fits in to the bigger "plan of action" to manage their disease

Switch Topicals

Request, or are open to the suggestion of, more aggressive therapy from HCP

6
Patient doesn't know how to evaluate treatment efficacy or determine if/when it is time to pursue a new treatment

8
Prompt to switch biologic treatment

Switch Biologics

Begin biologic treatment

Request, or are open to the suggestion of, new biologic

Access Process

Interactions with HCP office staff to access prescribed treatment

Interactions with insurance company to receive approval

Interactions with specialty pharmacy to get prescription

9

10

Access info about psoriasis & treatment options

Seek out additional emotional support about managing psoriasis

Access info about biologics

Seek out additional emotional support about life with biologics

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps



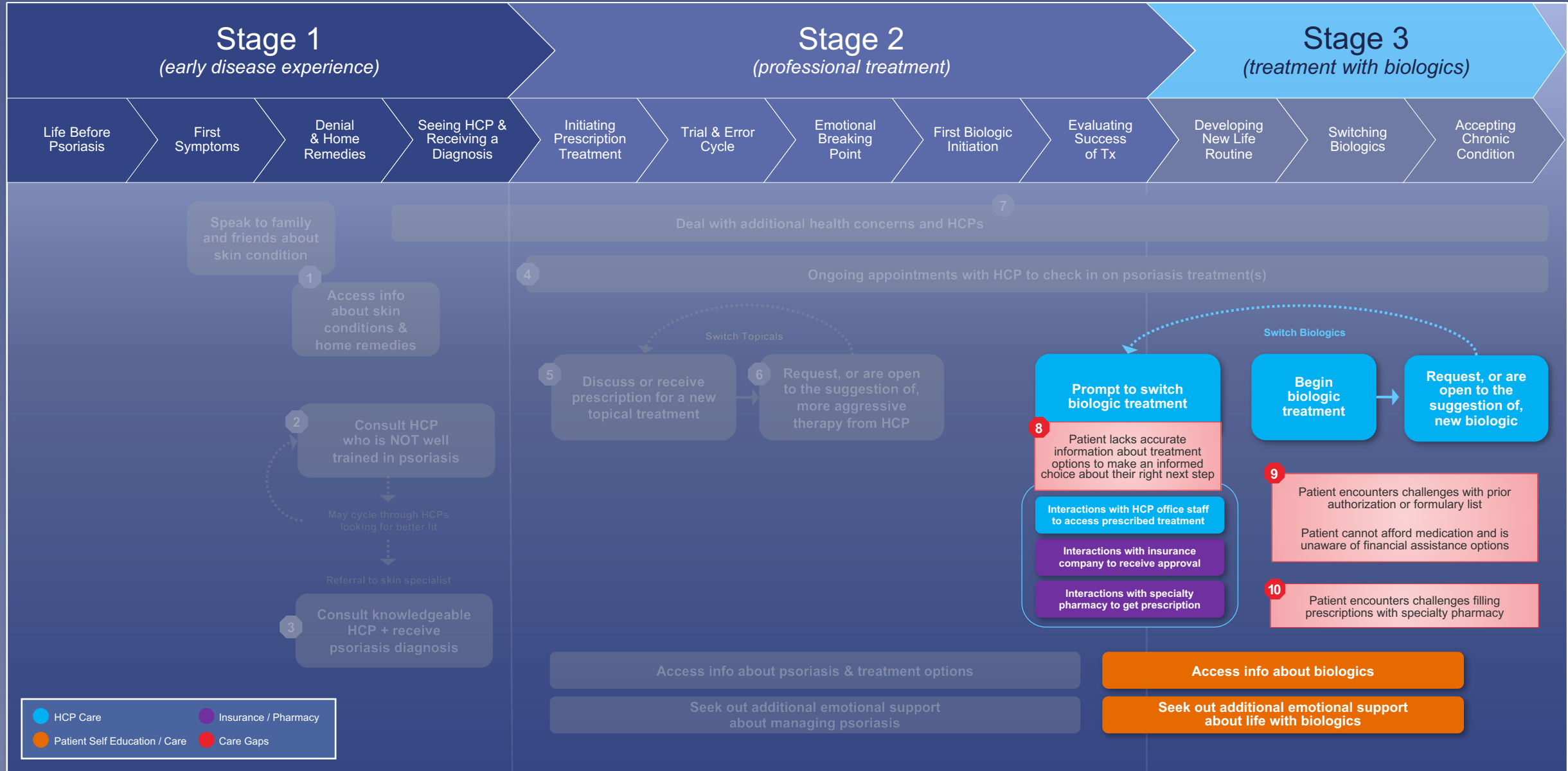
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Accepting Chronic Condition

1

Patient lacks emotional support from friends/family who don't want to listen

Patient lacks accurate understanding of PSO due to misconceptions and social stigmas

Speak to family and friends about skin condition

Access info about skin conditions & home remedies

2

Consult HCP who is NOT well trained in psoriasis

May cycle through HCPs looking for better fit

Referral to skin specialist

3

Consult knowledgeable HCP + receive psoriasis diagnosis

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #1

Seeking the Right Care Sooner



CARE MOMENT

When people first seek help for their psoriasis symptoms, many default to resources outside the medical world. For example, they often go to friends and family for advice about what to do to manage the flaking skin or for emotional support. Unfortunately, they often fail to help patients. For example, instead of offering empathy, friends and family might be repulsed by the condition or dismiss it as a surface-level problem. Worse yet, they may introduce misconceptions about psoriasis that fuel social stigmas. Ultimately, this can leave patients feeling isolated and ostracized.

Many patients also turn to the internet to self-diagnose, seek to understand their condition, and/or search for ways to manage their condition. However, the internet may provide inaccurate information about the disease and offer up ineffective home remedies that leave patients feeling out of control.

CARE GAP

Psoriasis patients may lack the key things they need when first experiencing symptoms: the knowledge they have psoriasis, an accurate understanding of the condition (what it is, what causes it), a plan to manage the condition, and emotional support as they navigate it.

Next Gap



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Accepting Chronic Condition

Speak to family and friends about skin condition

1

Access info about skin conditions & home remedies

2

Patient lacks proper diagnosis

Patient lacks necessary educational and emotional support

Consult HCP who is NOT well trained in psoriasis

May cycle through HCPs looking for better fit

Referral to skin specialist

3

Consult knowledgeable HCP + receive psoriasis diagnosis

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #2

Consulting an HCP with Adequate Psoriasis Training



CARE MOMENT

If a patient consults a healthcare provider who is NOT well trained in psoriasis, it can result in a misdiagnosis or minimization of the disease that lead to unnecessary physical and emotional discomfort. While this drives some patients to seek out a doctor who is “a better fit,” other patients may become resigned to the condition and its mismanagement.

CARE GAP

Psoriasis patients may lack a proper diagnosis, an effective course of treatment and/or the tools to manage their condition, and the necessary educational and emotional support.

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Accepting Chronic Condition

Speak to family and friends about skin condition

1

Access info about skin conditions & home remedies

2

Consult HCP who is NOT well trained in psoriasis

May cycle through HCPs looking for better fit

Referral to skin specialist

Consult knowledgeable HCP + receive psoriasis diagnosis

3

Patient lacks a formal psoriasis story to understand the disease and what it means for their life and identity moving forward

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #3

Understanding the Psoriasis Story



CARE MOMENT

When patients do receive a proper diagnosis and a plan to manage the condition, the first diagnosis conversation sets a foundation that prepares patients for the road ahead.

After all, psoriasis is more than a medical diagnosis – it is a complete altering of a patient's identity. It is something that they will always deal with and a life change that they need to learn how to integrate into their lives. This results in multiple layers of suffering for the patient – from the discomfort of their skin to the dejection at being unable to control their symptoms.

CARE GAP

Psoriasis patients may lack a deeper understanding of what psoriasis will mean for their life (i.e., that it is a lifelong condition) or the extent to which it may impact them (e.g., emotionally).

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Deal with additional health concerns and HCPs

Ongoing appointments with HCP to
check in on psoriasis treatment(s)

4

Patient lacks holistic care

Switch Topicals

5

Discuss or receive
prescription for a new
topical treatment

6

Request, or are open to
the suggestion of,
more aggressive
therapy from HCP

Access info about psoriasis & treatment options

Seek out additional emotional support
about managing psoriasis

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #4

Managing More Than the Skin



CARE MOMENT

When managing psoriasis, it's all too easy for dermatologists to focus check-in appointments on the patient's skin and their current treatment. However, psoriasis can impact more than someone's skin. There may be significant comorbid conditions, like heart disease and depression, that must be diagnosed and managed alongside the patient's skin. These things can be missed altogether or be treated in silos with different healthcare providers.

In particular, a patient's mental health can become a gap in care. Psoriasis patients often feel isolated and encounter psychological struggles throughout their journey. Though different forms of emotional support exist (e.g., counseling, support groups, social media forums), an array of barriers prevents patients from utilizing them – whether it's patients dismissing their own psychological struggles or patients resisting support due to social stigma.

CARE GAP

Psoriasis patients may lack holistic care for comorbid conditions (e.g., depression, heart disease, and obesity) – so these conditions might go undiagnosed or be managed in silos.

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Stage 1 (early disease experience)

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Accepting Chronic Condition

Deal with additional health concerns and HCPs

Ongoing appointments with HCP to check in on psoriasis treatment(s)

Switch Topicals

Discuss or receive prescription for a new topical treatment

Request, or are open to the suggestion of, more aggressive therapy from HCP

Patient lacks understanding of how this treatment fits in to the bigger "plan of action" to manage their disease

Access info about psoriasis & treatment options

Seek out additional emotional support about managing psoriasis

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #5

Seeing the Bigger Plan



CARE MOMENT

The experience of discussing and beginning new treatments can feel like an emotional roller coaster. Patients may get their hopes up when their healthcare provider discusses a new treatment, but then feel disappointed when their insurer denies it. Once they begin a new treatment, the cycle of trial and error (providing short-term relief, but eventually failing) can be emotionally exhausting. When patients experience one of these setbacks, they can feel like a monumental end point if the patient is unaware of the bigger picture or plan.

CARE GAP

Psoriasis patients may lack a broader understanding of how a new treatment fits in to the bigger "plan of action" their healthcare provider has to manage for their disease beyond this treatment.

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Deal with additional health concerns and HCPs

Ongoing appointments with HCP to
check in on psoriasis treatment(s)

Switch Topicals

Discuss or receive
prescription for a new
topical treatment

Request, or are open to
the suggestion of,
more aggressive
therapy from HCP

Patient doesn't know
how to evaluate treatment
efficacy or determine if/when
it is time to pursue
a new treatment

Access info about psoriasis & treatment options

Seek out additional emotional support
about managing psoriasis

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps

CARE GAP #6

Assessing the Current Treatment



CARE MOMENT

As patients use a medication, it can be hard to objectively evaluate how well the treatment is working. Patients may have different expectations for clearance — either too high or too low. Also, the likelihood of seeking out new treatments decreases when patients experience adequate clearance, even if another treatment might offer them more.

Though patients do meet with HCPs throughout the year to assess treatment, check-ins are often scheduled at lengthy intervals that may not align with flare-ups and/or when a treatment is beginning to show signs of improvement. HCPs are often seeing patients in a moment in time that doesn't always capture the entirety of their experience.

CARE GAP

Psoriasis patients may lack the tools needed to objectively evaluate the efficacy of their current treatment. Also, they may lack the perspective to determine if/when it is time to self-advocate for pursuing a new option.

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Deal with additional health concerns and HCPs

4 Ongoing appointment
check in on psoriasis treatment(s)

Switch Topicals

5 Discuss or receive
prescription for a new
topical treatment

6 Request, or are open to
the suggestion of,
more aggressive
therapy from HCP

Access info about psoriasis & treatment options

Seek out additional emotional support
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7 Patient lacks care coordination

CARE GAP #7

Coordination of Care



CARE MOMENT

Today, care often occurs in silos. Healthcare providers may be unaware of other conditions a patient has and/or treatments they are taking – sometimes patients do not think to share this information, sometimes HCPs forget to inquire. If an HCP is unaware of other treatments a patient is taking, they won't know an additional treatment might be inadvisable due to potential contraindications.

Also, patients often need a team of healthcare providers to treat psoriasis and to manage its various comorbidities. However, healthcare providers sometimes fail to identify the need to make a referral and/or to help patients connect to the appropriate medical care. This is driven by a multitude of factors. For example, an HCP may feel they need to “stick to their lane” and not interfere with other specialties, or a patient's insurance coverage may not lend itself to coordinated care.

CARE GAP

Psoriasis patients may lack coordination of care across healthcare providers. Specifically, healthcare providers may fail to make referrals to diagnose or monitor a comorbid condition and/or they be unaware of other diagnoses or how a related condition is being managed.

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CARE GAP #8

Evaluating Whether a Biologic Is Right for Them



CARE MOMENT

When it is time for psoriasis patients to consider biologics, it is often difficult for them to evaluate the new treatment option both rationally and emotionally.

For example, patients may minimize the effects of psoriasis because they perceive it as a disease that only impacts the skin (vanity) and are unaware of the long-term effects (CV issues). This is exacerbated by psoriasis communities and celebrities who champion the notion that psoriasis patients need to accept their disease with mantras like “love the skin you're in.”

Patients also have a hard time assessing the potential efficacy and side effects of biologics – some dismiss biologic options (“it’s not going to cure me”), while others are scared to use them.

CARE GAP

Psoriasis patients may lack the empathetic, accurate information about treatment options they need to make an informed decision about if/when biologics are the right next step.

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8

Prompt to switch
biologic treatment

Patient lacks accurate
information about treatment
options to make an informed
choice about their right next step

Interactions with HCP office staff
to access prescribed treatment

Interactions with insurance
company to receive approval

Interactions with specialty
pharmacy to get prescription

Switch
Biologics

Begin
biologic
treatment

Request, or
are open to the
suggestion of,
new biologic

Access info about biologics

Seek out additional emotional support
about life with biologics

● HCP Care ● Insurance / Pharmacy
● Patient Self Education / Care ● Care Gaps



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CARE GAP #9

Addressing Insurance Issues to Get a Prescribed Biologic



CARE MOMENT

When psoriasis patients are prescribed a biologic treatment their healthcare provider believes is best, they may not be able to get affordable access to that medication. Patients might be under- or uninsured and unable to afford the prescribed treatment. If insured, their payer might require pre-authorizations or might not include that medication on its formulary. Even when their insurer approves a treatment, patients might be unable to afford the out-of-pocket costs (i.e., deductibles and coinsurance).

CARE GAP

Psoriasis patients may lack access to a prescribed a treatment due to insurance coverage and affordability.

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8

Prompt to switch
biologic treatment

Switch
Biologics

Begin
biologic
treatment

Request, or
are open to the
suggestion of,
new biologic

9

Patient encounters challenges with prior
authorization or formulary list

Patient cannot afford medication and is
unaware of financial assistance options

10

Access Process

Interactions with HCP office staff
to access prescribed treatment

Interactions with insurance
company to receive approval

Interactions with specialty
pharmacy to get prescription

Access info about biologics

Seek out additional emotional support
about life with biologics

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CARE GAP #10

Addressing Pharmacy Issues to Use a Prescribed Biologic



CARE MOMENT

After patients overcome any issues surrounding insurance (e.g., pre-authorization), they may still experience challenges when trying to fill the prescription. They might not know how or where to find a specialty pharmacy to fill the prescription. Or they may encounter challenges with receiving their prescription when working with a mail-order pharmacy.

CARE GAP

Psoriasis patients may lack the ability to physically get the treatment due to challenges filling the prescription with a specialty pharmacy.

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biologic treatment

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Biologics

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Access Process

Interactions with HCP office staff
to access prescribed treatment

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company to receive approval

Interactions with specialty
pharmacy to get prescription

9

10 Patient encounters challenges filling
prescriptions with specialty pharmacy

Access info about biologics

Seek out additional emotional support
about life with biologics

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