

New reimbursed treatment for Aussie adults living with common inflammatory skin disease - psoriasis

An estimated 19,000 Australian adults are living with the common, inflammatory skin disease - severe chronic plaque psoriasis.¹ Eligible patients can now access a new treatment for the disease listed on the Pharmaceutical Benefits Scheme (PBS).²

Representing the latest development in the treatment of severe chronic plaque psoriasis, SOTYKTU™ [soh-tik-tu] (deucravacitinib) is a new medicine (tablet) that helps to reduce the signs and symptoms of the disease by binding to a protein involved in the process of inflammation, called tyrosine kinase 2 (TYK2), and preventing its activation.^{2,3,4}

Concerningly, research reveals the global burden of psoriasis has risen over the past 30 years due to various genetic and environmental factors, despite efforts to improve the diagnosis and treatment of the inflammatory skin disease.⁵ Timely and tailored treatment of psoriasis is, therefore, a major public health priority.^{5,6}

According to Clinical Associate Professor and Staff Specialist at Royal North Shore Hospital, Stephen Shumack, OAM, Sydney, the reimbursement of a new treatment represents a positive step forward for Australian adults living with chronic severe plaque psoriasis, especially those for whom topical treatments (skin creams, foams, gels, lotions, and ointments) or other available oral (by mouth) medicines have proven ineffective.

“Psoriasis is a long-term, inflammatory disease in which an overgrowth of skin cells can be triggered by environmental, lifestyle, or medical stressors.”^{3,7}

“The disease is most commonly diagnosed in young adults, although it can present at any age,”⁷ said A/Prof Shumack.

“Chronic plaque psoriasis accounts for approximately nine in 10 (90 per cent) of all psoriasis cases. The disease features red, violet, or grey raised plaques, depending on the patient’s skin tone. Often covered in silvery scales, these plaques can crack, bleed, and become itchy and painful.”^{3,7,8}

Living with severe chronic plaque psoriasis places people at a higher risk of developing other health problems, such as disorders affecting the heart and blood vessels.^{9,10} The disease also affects a person’s mental health, and can cause difficulty sleeping,¹¹ and contribute to shame and stigma.¹² More than five per cent of those living with severe plaque psoriasis exhibit depression or suicidal thoughts,¹³ as the disease can result in social disconnection and prevent a person from achieving their personal and professional goals.¹⁴

The treatment of severe chronic plaque psoriasis can also prove expensive, with those afflicted spending up to thousands of dollars on treatments each year.¹⁵

Dermatologist and founder, Chroma Dermatology, Dr Michelle Rodrigues, Melbourne, said given psoriasis symptoms can flare and subside over time, the disease typically requires life-long management.

“The availability of an additional, reimbursed treatment for adults living with severe chronic plaque psoriasis may help to reduce the physical, mental, and financial toll of the disease.

“As clinicians, we welcome the listing of SOTYKTU - a medicine (tablet) for Australians who may not have achieved relief from symptoms with topical [applied to the skin] or other available oral [taken by mouth] medicines, to date,” Dr Rodrigues said.

Hair-and-makeup artist, Emma, 44, Sydney, has been living with severe chronic plaque psoriasis for more than 25 years. She first noticed “dry, red, flaky patches of skin” all over her back, at 17 years of age.

Emma visited her GP and was subsequently diagnosed with plaque psoriasis. Within 10 days of her diagnosis, Emma’s body was “covered in skin plaques” that spread from her upper to lower back, to her stomach, and down her legs and arms.

“I end up shedding skin plaques all over my clothes and people who I meet,” said Emma.

The disease has since imposed a heavy toll on Emma’s physical, mental, social, and professional health, and wellbeing. It has also significantly compromised her romantic relationships.

“My skin plaques start on my upper back, and then move to my lower back, my stomach, down my legs, and down my arms. My flare-ups are really severe. One spot can become 2,000 spots within 10 days!” Emma said.

“The disease has affected my relationships and altered my personality. I’ve had many depressive episodes over the past 27 years of living with severe chronic plaque psoriasis.

“It has kept me from being in long-term romantic relationships, and has made me feel insecure in my relationships,” said Emma.

“I just feel different to other people. If I have good skin one day, then meet someone, and then the following day I’m covered from head-to-toe in red, itchy, scaly skin plaques, I feel like that person will judge me.

“People also tend to be mistakenly concerned about catching my disease, and are therefore, hesitant to make physical contact with me,” Emma said.

After trialling a plethora of “creams, lotions and potions” to help control her severe chronic plaque psoriasis over the past 27 years, Emma has only recently, found relief, although her disease still continues to “fluctuate, and occasionally flare”.

Emma therefore welcomes the Federal Government’s PBS listing of a new treatment for severe chronic plaque psoriasis.

“The availability of another treatment designed to effectively manage disease flare-ups, is great news for our patient community,” said Emma.

Psoriasis Australia Chief Executive Officer, Murray Turner, Melbourne, welcomed the reimbursement of SOTYKTU for Australians living with severe chronic plaque psoriasis.

“Given severe chronic plaque psoriasis can substantially compromise a person’s quality of life, the subsidisation of a new treatment will provide patients with additional treatment options that are tailored to their needs, at an affordable price,” Murray said.

“The listing represents a major milestone for the psoriasis patient community, and is an important step towards fulfilling an unmet, clinical need,” said Medical Director for Bristol Myers Squibb Australia and New Zealand, Dr Melinda Munns, Melbourne.

“We are delighted to be expanding the innovative treatment range for severe chronic plaque psoriasis on the PBS.”

About SOTYKTU™ (deucravacitinib)

SOTYKTU™ is a once-daily prescription tablet for the treatment of adults living with severe chronic plaque psoriasis² – a skin disease where the body’s immune system is overactive and leads to the skin cells growing faster than they can shed.^{7,16} This leads to red, violet or grey, scaly plaques on the skin, which can appear anywhere on the body, but most commonly present on the elbows, knees, scalp, and lower back.^{7,17} SOTYKTU helps to control, and relieve these symptoms, by binding to a protein involved in the inflammatory signalling pathway, to prevent its activation, and normalise skin cell production.²

SOTYKTU is now available on the PBS, for the treatment of severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.²

SOTYKTU is only available on a doctor's prescription. For adults, one 6 milligram oral dose is taken each day, with, or without food.²

For more information, refer to the SOTYKTU™ Product Information (PI) [here](#), and the Consumer Medicine Information (CMI) [here](#), or speak to your dermatologist, GP or pharmacist.

Disclosure

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Bristol Myers Squibb: Pioneering Paths Forward in Immunology to Transform Patients' Lives

Bristol Myers Squibb is inspired by a single vision - transforming patients' lives through science. For people living with immune-mediated diseases, the debilitating reality of enduring chronic symptoms and disease progression can take a toll on their physical, emotional, and social well-being, making simple tasks and daily life a challenge. Driven by our deep understanding of the immune system that spans over 20 years, and our passion to help patients, the company continues to pursue pathbreaking science, with the goal of delivering meaningful solutions that address unmet needs in dermatology, rheumatology, gastroenterology, and multiple sclerosis.

Further information is available on request from Bristol Myers Squibb Australia Pty Ltd, ABN 33 004 333 322, Level 2, 4 Nexus Court, Mulgrave, VIC, 3170. ©Registered Trademark. Prepared: September 2023. 1787-AU-2300174

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References

1. Pharmaceutical Benefits Scheme. Post-market Review: The use of biologics in the treatment of severe chronic plaque psoriasis - PBAC Minutes. Australian Government Department of Health and Aged Care; 2020.
2. Sotyktu Product Information. 2022.
3. Alwan W, Nestle F. Pathogenesis and treatment of psoriasis: exploiting pathophysiological pathways for precision medicine. *Clin Exp Rheumatol*. 2015;33(5):S2-6.
4. Chimalakonda A, et al. Selectivity profile of the tyrosine kinase 2 inhibitor deucravacitinib compared with janus kinase 1/2/3 inhibitors. *Dermatol Ther (Heidelb)* 2021;11(5):1763-76.
5. AlQassimi S, et al. Global burden of psoriasis - comparison of regional and global epidemiology, 1990 to 2017. *Int J Dermatol*. 2020;59(5):566-71.
6. Smith JA, et al. Treatment Changes in Patients with Moderate to Severe Psoriasis: A Retrospective Chart Review. *Journal of Cutaneous Medicine and Surgery*. 2017; 22(1).
7. The Australasian College of Dermatologists. A-Z of Skin: Psoriasis. 2019.
8. Di Meglio P, Villanova F, Nestle F. Psoriasis. *Cold Spring Harb Perspect Med*. 2014;4:a015354.
9. Oliveira MFSP, Rocha BO, Duarte GV. Psoriasis: classical and emerging comorbidities. *An Bras Dermatol*. 2015;90(1): 9-20
10. Menter A, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. *J Am Acad Dermatol*. 2008;58(5):826-50.
11. Pariser D, et al. A multicenter, non-interventional study to evaluate patient-reported experiences of living with psoriasis. *J Dermatolog Treat*. 2016;27(1):19-26.
12. Hrehorów E, et al. Patients with psoriasis feel stigmatized. *Acta Derm Venereol*. 2012;92(1):67-72.
13. Langley RGB, Krueger GG, Griffiths CEM. Psoriasis: epidemiology, clinical features, and quality of life. *Ann Rheum Dis*. 2005;64(2):ii18-ii23.
14. Kimball AB, et al. Psoriasis: is the impairment to a patient's life cumulative? *J Eur Acad Dermatol Venereol*. 2010;24(9):989-1004.
15. Beyer V, SE. W. Recent Trends in Systemic Psoriasis Treatment Costs. *Arch Dermatol*. 2010;146(1):46-54.
16. Mahil SK, Capon F, Barker JN. Update on psoriasis immunopathogenesis and targeted immunotherapy. *Semin Immunopathol*. 2016;38(1):11-27.
17. American Academy of Dermatology Association. Can you get psoriasis if you have skin of color? Available from: <https://www.aad.org/public/diseases/psoriasis/treatment/could-have/skin-color>.
18. Therapeutic Goods Administration (TGA). Sotyktu. 2022.