

New Frontiers in Psoriasis Treatment



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This is the 3rd year that I've had the opportunity to write an editorial for *Journal of Drugs in Dermatology* Special Issue on Psoriasis. This is not an onerous task. There continues to be one new development after another in psoriasis treatment, with no end in the foreseeable future. Today's newest drug is an interleukin (IL)-17 inhibitor; specific IL-23 inhibitors may become available next.

The papers in this issue illustrate the range of research in psoriasis treatment. We have new information on the efficacy of non-messy topical treatment; at the other extreme we have information on advances in our understanding not just of new biological treatments but also what to expect in patients who get one biologic after another. And we have over 100 new genes associated with psoriasis to explore.

What is the greatest unmet need now? We have drugs that will control patients' psoriasis. The new frontier to explore is how to make those drugs available to patients. Even faster than we get new drugs (and we didn't even touch on the biosimilars that are coming), our health-care system is evolving, creating all sorts of new hurdles for us and our patients to jump.

The cost of old, really old, tried and true generic topicals has been going up in an unprecedented way, when normal economic theory about competition, production, and scale tell us the prices should be going down. Tubes of medication that used to cost \$4 can now cost \$400, if they are available at all.

Health insurers are fighting back with more and more restrictions and "step edits." Copayments go up, but then so do the copayment assistance programs. I can no longer keep track of it all (if the changes in the healthcare system aren't accelerating, perhaps the speed at which I adapt is slowing, perhaps not surprising at my age).

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In the war between the payers and the suppliers, patients are in the middle, and we are and should be there with them. It's a good time to be writing letters on behalf of patients. Even better, I think, to stand with and in support of our National Psoriasis Foundation, as it continues its unrelenting efforts to find a cure, to help in the development of treatments, and to make those treatments accessible to patients. If you haven't done so yet, consider joining so many other dermatologists who have made a donation to the Foundation this year.

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