

# **Therapeutic Class Overview: Psoriasis – Plaque Psoriasis & Psoriatic Arthritis: Novel Oral Drugs and Biologics to Change Future Treatment Paradigm**

<https://marketpublishers.com/r/PADBF9D32F3EN.html>

Date: February 2014

Pages: 55

Price: US\$ 2,500.00 (Single User License)

ID: PADBF9D32F3EN

## **Abstracts**

Over the last decades, therapeutic options for Plaque Psoriasis (PsO) and Psoriatic Arthritis (PsA) have expanded considerably and improved patients' pain, function, and quality of life. Approved biologics fill in a critical unmet need of limited efficacy of DMARDs; however, as in most cases one drug does not fit the bill for all the patients. The lack of targeted immune therapies other than TNF- $\alpha$  inhibitors in Psoriasis signals opportunities for drug developers to bring agents to market that offer treatment alternatives (Anti-IL-17, IL-13, JAK, PDE4 inhibitors, etc). Pfizer launched the first oral Rheumatoid Arthritis (RA) drug –Xeljanz (tofacitinib/ CP-690,550, JAK 1/3 inhibitor) in 2012 for pts with moderately to severely active RA who are inadequate responder or intolerant to Methotrexate (MTX) at a price almost at par with biologics. In the last couple of years, the face of healthcare has been changing due to challenges – quality and its affordability and accessibility to the providers and patients. We believe there is an ample room for an efficacious affordable therapy to tap the mild to moderate RA pts population where biologics have not made a dent and expect few potential launches in 2014-15 (OTEZLA – apremilast, Xeljanz – tofacitinib) and onwards. In this report, we highlight the novel targets – oral, injectables, and topical drugs in the pipeline for the treatment of Psoriasis, compare their clinical trials data, and their commercial potential!

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