Editorial

Barriers to Biologics

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Over the past year, there has been an increase in the availability and utilization of biologic therapies for psoriasis. We now have 3 drugs approved by the US Food and Drug Administration in this category: alefacept, efalizumab, and etanercept. While many dermatologists have adopted the use of biologics, there has been hesitation among some to do so. In discussions of these issues with colleagues, I have noted several frequently expressed reservations concerning the use of biologic agents. I want to share some of the common concerns and address some of the ways to potentially alleviate them.

"Treating patients with moderate to severe psoriasis takes too long and requires too much monitoring; I would rather refer to a local specialist."

Treating these patients has historically been an involved process that is much less lucrative than many of our other pursuits. The biologics have made it easier (as well as safer) to treat patients who would traditionally have been on systemic drugs such as methotrexate or cyclosporine. With these older agents, much of the visit is devoted to laboratory monitoring and evaluation of possible organ toxicity.

With biologics, this has changed. Although many of our colleagues still do selected monitoring and/or plant PPDs (purified protein derivatives) for all biologic agents, this is not always mandatory. With biologics, the first visit is generally time intensive; counseling regarding the benefits and risks of these drugs should be comprehensive. After the first visit, monitoring for systemic toxicity is much less of an issue, and it is mostly a matter of gauging clinical efficacy and obtaining a solid review of systems. Therefore, the follow-up visits for patients doing well on a biologic are very straightforward and satisfying.

"I am afraid of the potential side effects of these new medications; I feel more comfortable with the older agents."

It's certainly the devil you know versus the devil you are getting to know better. Granted, the biologics have not been around for 20 years, but so far, their track record has been reassuring. Is there an increased risk of malignancy or infection with these agents? This is the major unknown.

So far, the answer is that, with the majority of the drugs, there has been no statistically significant indication of either problem *to date*. Methotrexate and cyclosporine are certainly not free of risk. Although we must remain vigilant, the results keep getting better as our experience increases.

"These drugs cost too much."

These drugs are expensive. But, keep in mind, UV therapy, cyclosporine, and oral retinoids are not cheap. I can neither defend nor attack the prices of these drugs. The prices are what they are, and we dermatologists do not set them. If a biologic is in the best interest of a patient, that is the prescription I will write.

I can understand all of the concerns I have discussed; they are real and significant. But I can tell you that there is no experience as satisfying as clearing psoriasis in an individual who has never been treated successfully. This has been my typical experience with the biologics, not the exception. If you are one of those physicians on the fence, I urge you to give the biologics a shot (pardon the pun). You might be pleasantly surprised.

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