

Assessing Patient Access to Psoriasis Treatments in Central, South & Eastern European Countries: Insights and Disparities

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INTRODUCTION

Plaque psoriasis is a chronic, immune-mediated skin condition affecting approximately 2–3% of the global population, with moderate to severe cases often requiring systemic therapy¹. The disease significantly impacts patients’ quality of life and is frequently associated with comorbidities such as psoriatic arthritis, cardiovascular disease, and depression¹. Over the past decade, the treatment landscape has expanded considerably, offering patients a growing range of advanced therapies including biologics and oral small molecules. However, due to various reasons, this research concludes that there remain disparities in access to these medicines across European countries today, that – if resolved - would addresses unmet needs and reduce the disease burden of patients with psoriasis.

OBJECTIVE

Map advanced treatment options available for moderate to severe plaque psoriasis (PsO) patients in Central, South & Eastern European countries.

METHODS

- We employed a structured desktop research approach between February and July 2024, leveraging local public data sources from 18 small-to-midsized Central, South & Eastern European countries, to understand the advanced psoriasis treatment options available for moderate to severe patients.
- Twenty advanced treatment options were considered, including anti-TNF, anti-IL-17, anti-IL-12-23/IL-23, PDE4i, TYK2i, independent of treatment line. Information on outcome-based contracts and reimbursement conditions was extracted and evaluated when publicly available.

RESULTS

- From the 20 advanced treatment options considered, data from all 18 countries were available for 11 treatments. All countries had at least three advanced treatment options available (secukinumab, infliximab, adalimumab).
- Nine countries offer 9 of the 11 treatment options (>80%), while three countries provide less than 4 of the 11 included treatment options (<40%). The remaining six countries have between 5-8 out of the 11 treatment options (40-80%) available.
- Treatments with Market Approvals since 2019 onwards are not available in 7 of the 18 countries. Intravenous or subcutaneous treatment options are widely available (in 15 of the 18 countries), oral therapies are less available (8 out of the 18 countries), of which PDE4i is available in 8 out of 18 countries and TYK2i in 3 of the 18 countries at the time of mapping.
- Two countries have implemented outcome-based contracts, although most countries utilize financial risk schemes to improve patient access.

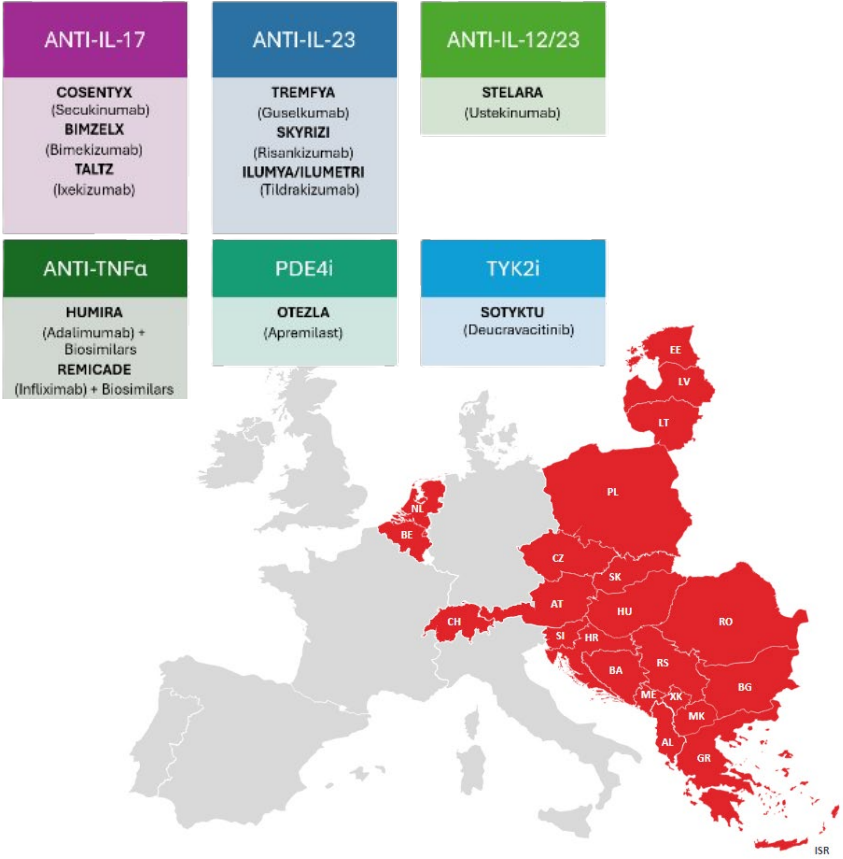


Figure 1: Representation of the country experts and treatment options involved in the survey

1. Access to advanced therapies in the Central South Eastern Region

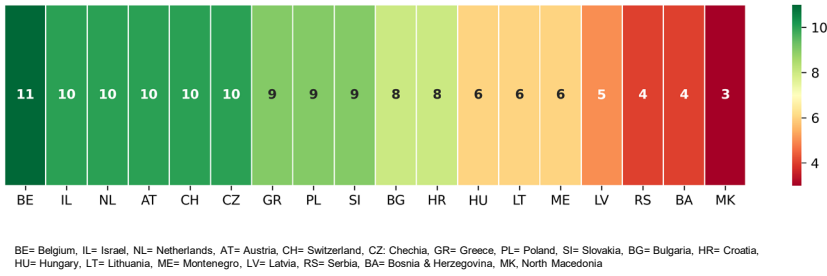


Figure 2: Level of access to psoriasis treatments

- Figure 2 shows the highest competitive intensity in Belgium (11) and in Israel, Netherlands, Austria, Switzerland, and Czech Republic (10 each), indicating broad market availability in those countries.
- At the other end, North Macedonia (3), Serbia and Bosnia & Herzegovina (4 each), and Latvia (5) suggest limited access.

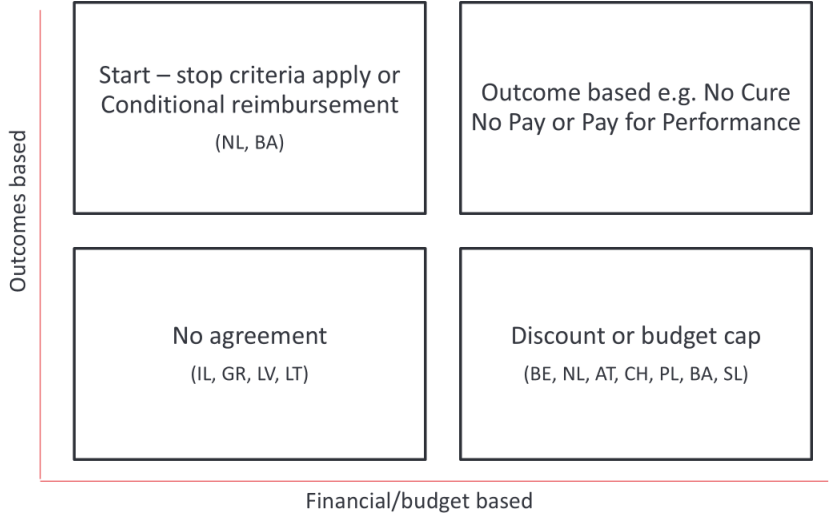
DISCUSSION

- This research provides a snapshot of available therapies as of July 2024. It does not include the factors that may contribute to the wide disparity in the number of advanced treatments available across the 18 countries. Factors as Gross Domestic Product, local reimbursement constraints, regulatory delays, and infrastructure challenges may apply, but are not included in this research.
- The underrepresentation of oral options raises concerns about patient convenience and adherence, especially in regions where healthcare infrastructure may favor injectable administration.
- Desktop research shows that there are only two countries with the presence of outcome-based contracts, which may indicate a slow adoption of innovative reimbursement models. Most countries rely on financial risk schemes, which, while helpful in broadening or accelerating access, may not fully address the need for value-based care. Value-based contracts require patient outcomes, which can be collected through existing registries² or explored via collection digitally (e.g. apps) to improve patient management and their outcomes³.
- Ultimately, the disparities of access identified in this mapping exercise call for deeper exploration of their impact on clinical outcomes, patient quality of life, and healthcare system efficiency. Also, future policy trends (e.g. Joint Clinical Assessment) may impact patient access to innovative psoriasis treatments.

CONCLUSIONS

Advanced treatment availability for moderate to severe psoriasis varies between the 18 countries. Treatments with market approvals from 2019 onwards are not widely available, especially oral options. Further research is required to understand the impact of the access disparities in patient outcomes.

Figure 3: Variability of contracts potentially improving or accelerating patient access



BE= Belgium, IL= Israel, NL= Netherlands, AT= Austria, CH= Switzerland, CZ= Czechia, GR= Greece, PL= Poland, SI= Slovakia, BG= Bulgaria, HR= Croatia, HU= Hungary, LT= Lithuania, ME= Montenegro, LV= Latvia, RS= Serbia, BA= Bosnia & Herzegovina, MK= North Macedonia

Opportunities to improve levels of access

1 Early stakeholder engagement

> Early stakeholder engagement may enable collaborative identification of local barriers and adopt innovative solutions that improve patient outcomes and equity.

2 Real-World Evidence collection

> The ability to leverage RWE or data collected digitally can support the evaluation of the clinical and economic value in clinical practice and accelerate decision making.

3 Awareness of Access Inequities

> Driving and increasing awareness can empower equal access to advanced therapies across all countries and improve patient outcomes.

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DISCLOSURES

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