Global Healthy Living Foundation Australia
Tower 1, Level 2,
495 Victoria Avenue, Chatswood, NSW 2067
ABN: 82 609 039 134
+61 439 600 312
info@ghlf.org.au
www.ghlf.org.au

Global Healthy Living Foundation Australia and CreakyJoints Australia

Submission to support the expanded listing of bimekizumab (Bimzelx®) on the PBS for the treatment of severe psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis

For consideration at the March 2024 PBAC Meeting

These comments are submitted by CreakyJoints Australia and Global Healthy Living Foundation Australia (GHLF Australia) on behalf of our patient community. We appreciate the opportunity to provide this submission.

Contact details

Q1 Rosemary Ainley

Q2 rainley@creakyjoints.org.au

Q3 I am providing this input on behalf of a consumer group/organisation

Q4 CreakyJoints Australia and our parent organisation Global Healthy Living Foundation Australia

Q5 My phone number is 0400 447 624

Q6 I live in Victoria

Q7 The medicine we would like to provide input on is bimekizumab (Bimzelx®) for PsA, AS and nrAxSpA

Q8 We learned about this consultation via an email from subscription@pbs.gov.au

PBAC public consultation survey

Q1: Please outline your experience with the medical/health condition

CreakyJoints Australia/GHLF Australia

GHLF Australia is a not-for-profit organisation founded in 2015. GHLF Australia is part of the US-based Global Healthy Living Foundation (GHLF), a non-profit organisation whose mission is to improve the quality of life for people with chronic illness.

Established in 2014 and incorporated in 2016, GHLF Australia is the parent organisation of CreakyJoints Australia, the vibrant online patient community for autoimmune and inflammatory arthritis patients and their families throughout Australia.

Drawing on nearly two decades of foundational knowledge, success and the reputation of GHLF and CreakyJoints, GHLF Australia aims to localise, mobilise and engage the Australian patient and caregiver community and to provide education, advocacy and research for better health outcomes.

Our experience with psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis

Psoriatic arthritis (PsA), ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nrAxSpA) are some of the most common forms of autoimmune arthritis. This is reflected in the demographics of our CreakyJoints Australia community.

Two members of our CreakyJoints Australia team use biologics to treat their autoimmune arthritis. One of these lives with rheumatoid arthritis and ankylosing spondylitis. The other lives with rheumatoid arthritis and psoriasis. CreakyJoints Australia and GHLF Australia draw from their lived experience, the lived experience of others and evidence-based information sources to create accurate content that resonates with our community.

Our websites are full of content and resources to help people with PsA, AS and AxSpA better manage their conditions, understand their treatment options and navigate the Australian healthcare system. We also regularly advocate for new medicines or expanded access to existing medications to be listed on the PBS.

Here are some examples of our work.

- A Patient's Guide to Living with Axial Spondyloarthritis in Australia
- Medicinal and Non-Medicinal Arthritis Treatments
- Ankylosing Spondylitis Versus Sciatica: What's the Difference?
- My journey with psoriasis, psoriatic arthritis and peer support
- Two New Psoriasis Treatments are Now on the PBS. Could They Work for You?

Q2: How is the medical/health condition currently treated?

These three forms of autoimmune arthritis are treated with a combination of medicines, including:

First-line treatments

- Analgesics such as paracetamol or ibuprofen.
- Non-steroidal anti-inflammatory medications (NSAIDs) such as celecoxib or naproxen.
- Corticosteroids such as prednisolone or prednisone.
- Antimalarials such as hydroxychloroquine.
- Immunosuppressants, including disease-modifying antirheumatic drugs (DMARDs) such as methotrexate or sulfasalazine.

Second-line/advanced treatments

- Targeted synthetic DMARDs (tsDMARDs), including JAK inhibitors such as tofacitinib and upadacitinib.
- Biologic DMARDs (bDMARDs or biologics) such as adalimumab and abatacept.

First-line treatments are often enough to help those who have mild to moderate cases of PsA, AS and AxSpA manage or even stop their symptoms. Immunosuppressants can also help to prevent disease progression for those in this cohort.

However, for many people with severe PsA, AS and AxSpA, these treatments are simply not enough to keep their symptoms manageable. When symptoms like pain and inflammation are not well-controlled, quality of life is often adversely affected. That can lead to a reduced capacity to work, study, enjoy relationships or simply have fun.

People with severe PsA, AS and AxSpA may qualify for advanced treatments that target specific parts of the immune system connected with one or more forms of autoimmune arthritis.

There are two categories of advanced treatments currently subsidised through the PBS — biologic DMARDs (biologics or bDMARDs) and targeted synthetic DMARDs (tsDMARDs). Biologics are injected or infused into the body (therefore bypassing the digestive system) while tsDMARDs are taken orally.

Q3: What do you see as the advantages of this proposed medicine/change, in particular for those with the medical condition and/or family and carers?

Bimekizumab is a biologic DMARD that specifically targets interleukin 17A (IL-17A) and interleukin 17F (IL-17F). These are parts of the immune system known to be involved in autoimmune conditions. It is already available in Australia for the treatment of chronic plaque psoriasis and has proven its efficacy and safety in clinical trials on severe PsA, AS and AxSpA.

While Australia already has a number of advanced treatments approved for use for these three conditions, they don't all work the same way. Also, we all respond to medications differently. For example, what works for one person will not necessarily work for someone else with the same condition and severity. The issue for individuals with these conditions is that there is currently no way to predict which advanced treatment will be most beneficial for them.

Rheumatologists may make a calculated guess based on their experience but the only way to truly know if one of these treatments will work is for the person to try it. Even then, it can take up to around three months for people to notice an improvement in their symptoms. If the treatment doesn't work for them, they usually have to start the process again using a different form of treatment.

Some people go through this process several times to find a treatment that works for them. Sometimes, people hit the jackpot and find an advanced treatment that works very well for them for some time (years in many cases). Then, various unknown factors might reduce this efficacy and symptoms start to worsen again.

Therefore, we believe that it is essential for the PBS to continue to increase their range of advanced treatments with different modes of action for each condition. That will help to ensure that people always have new options to try.

We know that bimekizumab has already been approved to treat severe PsA, AS and AxSpA. This is why we strongly support the call to list it on the PBS so it is affordable for those who need it.

Source

Sánchez-Rodríguez G, Puig L. *Pathogenic Role of IL-17 and Therapeutic Targeting of IL-17F in Psoriatic Arthritis and Spondyloarthropathies*. Int J Mol Sci. 2023 Jun 18;24(12):10305. doi: 10.3390/ijms241210305. PMID: 37373452; PMCID: PMC10299014. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10299014/

Q4: What do you see as the main disadvantages of this proposed medicine/change?

We do not see any disadvantages to this proposed medicine.

Q5: Please provide any additional comments you would like the PBAC to consider.

We have no further comments to add.

Q6: If you have any suggestions on ways to improve this survey, please provide these below.

We have no suggestions at this time.