

# Real-world assessment of advanced psoriasis therapies in the US: clinical burden, treatment patterns, and perceptions

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## OBJECTIVE

To compare the clinical characteristics, treatment patterns, and perceptions of patients prescribed biologic and oral advanced treatments (OATs) in the United States (US) in a real-world setting.

## KEY TAKEAWAYS

- In real-world practice, most OAT and biologic users did not meet the PASI  $\geq 12$  clinical trial threshold; around half did not meet the  $\geq 10\%$  BSA criterion.
- Efficacy was the main stated driver for switching. Patients receiving OATs typically escalated from topicals, while those receiving biologics were commonly cycled between biologics, to optimize outcomes.
- Improving patients' satisfaction and more closely aligning their prescribed treatment with their preferred administration methods remain areas for improvement.

## INTRODUCTION

- Psoriasis (PsO) is a chronic autoimmune disease characterised by red, scaly, pruritic plaques.
- It affects 2–4% of the population and mostly it can begin at any age with 2 peaks of onset, 20 to 30 years and 50 to 60 years affected.
- The treatment landscape for moderate-to-severe psoriasis (PsO) has recently expanded with the introduction of oral advanced therapies (OATs) and new biologic options. These treatments have been tested in clinical trials which have used inclusion criteria of Psoriasis Area and Severity Index (PASI)  $\geq 12$  and body surface area (BSA)  $\geq 10\%$ .<sup>1</sup>
- Real-world data on patients prescribed these treatment options remain limited.

## METHODS

- Data were sourced from the Adelphi Real World PsO Disease Specific Programme™, a cross-sectional survey of dermatologists and their patients with PsO in the United States between April 2024 – February 2025.
- Dermatologists reported characteristics including Physician Global Assessment (PGA) of PsO severity, BSA and PASI scores, treatment history, and reasons for treatment switch for six consecutively consulting adult patients with PsO. Patients reported treatment satisfaction and administration preference.
- Patients receiving approved advanced therapies (AT) at the time of survey were grouped and described as: those receiving oral advanced therapy (OATs: apremilast or deucravacitinib) and those receiving biologics/biosimilars.
- Where p-values are presented, statistical analysis was used to compare and assess these groups, as follows:
  - t-test for numeric variables
  - Fisher's exact test for categorical variables
  - Mann-Whitney U test (non-parametric) for ordinal categorical variables.

## RESULTS

Table 1: Patient demographics and clinical characteristics

	OATs n=134	Biologics n=383	p-value
<b>Patient characteristics at time of survey</b>			
Age, years, mean (SD)	41.4 (14.6)	44.3 (15.3)	0.0642
Sex, male, n (%)	59 (44.0)	213 (55.6)	<b>0.0135</b>
BMI, kg/m <sup>2</sup> , mean (SD)	26.1 (4.4)	26.8 (4.6)	0.1739
Employment status, working, n (%)	n=125 104 (83.2)	n=355 282 (79.4)	0.4319
Diagnosis of comorbid PsA, yes, n (%)	25 (18.7)	95 (24.8)	0.1556
Disease duration, years, median [IQR]	n=93 2.6 [0.8, 5.9]	n=244 2.6 [1.0, 5.7]	0.9981

SD: standard deviation, BMI: body mass index, PsA: psoriatic arthritis  
OAT: oral advanced therapy

## RESULTS AND DISCUSSION

### Demographics

- Overall, 92 dermatologists provided data on 517 patients (134 prescribed OATs vs. 383 prescribed biologics) at the time of survey.

### Clinical characteristics

- At advanced therapy (AT) initiation, a greater proportion of patients had  $\geq 10\%$  BSA affected in the biologic group compared to the OAT group (59.4% vs. 44.7%, p=0.017). More biologic patients had a PASI score  $\geq 12$  (28.0 vs. 14.0%, p=0.0012) and more were classed severe via physician global assessment (25.9% vs. 6.8%, p<0.0001). Biologic patients had more body areas affected overall (mean [standard deviation] 4.3 [3.0] vs. 3.5 [2.3], p=0.007), but the proportion of patients with special areas affected was similar (67.2 vs. 65.4%, respectively, p=0.7451). Inclusion criteria in clinical trials are not reflective of the real-world patients who receive OATs and biologics, suggesting the need for widened criteria in future trials.

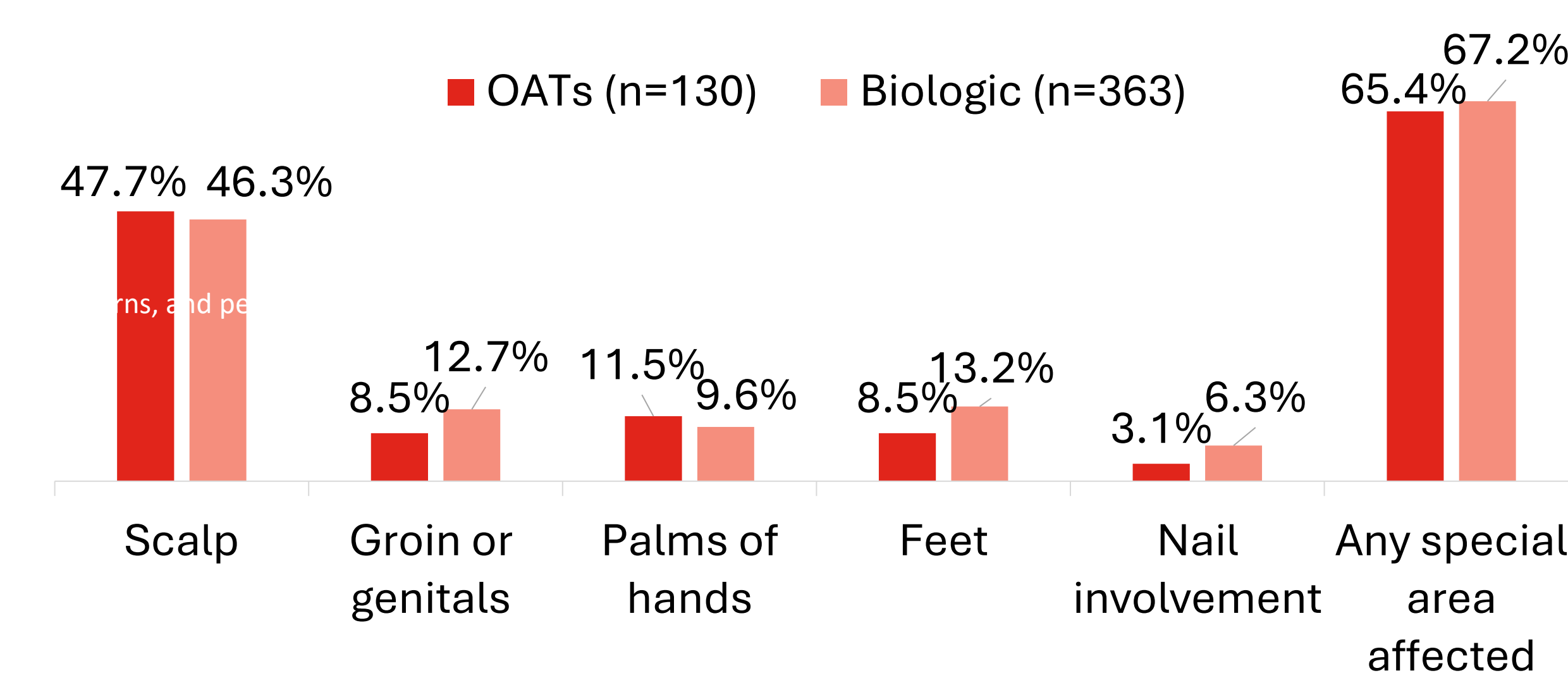
### Treatment switch

- Lack of efficacy was the primary reason for switching to the current treatment, reported in the majority of OAT (66.7%) and biologic (72.8%) patients. Notably, 69.1% and 7.4% of OAT patients switched from solely topicals or biologics, respectively. Whilst 31.3% and 34.1% of biologics patients switched from solely topicals or other biologics, respectively.

### Patient reported outcomes

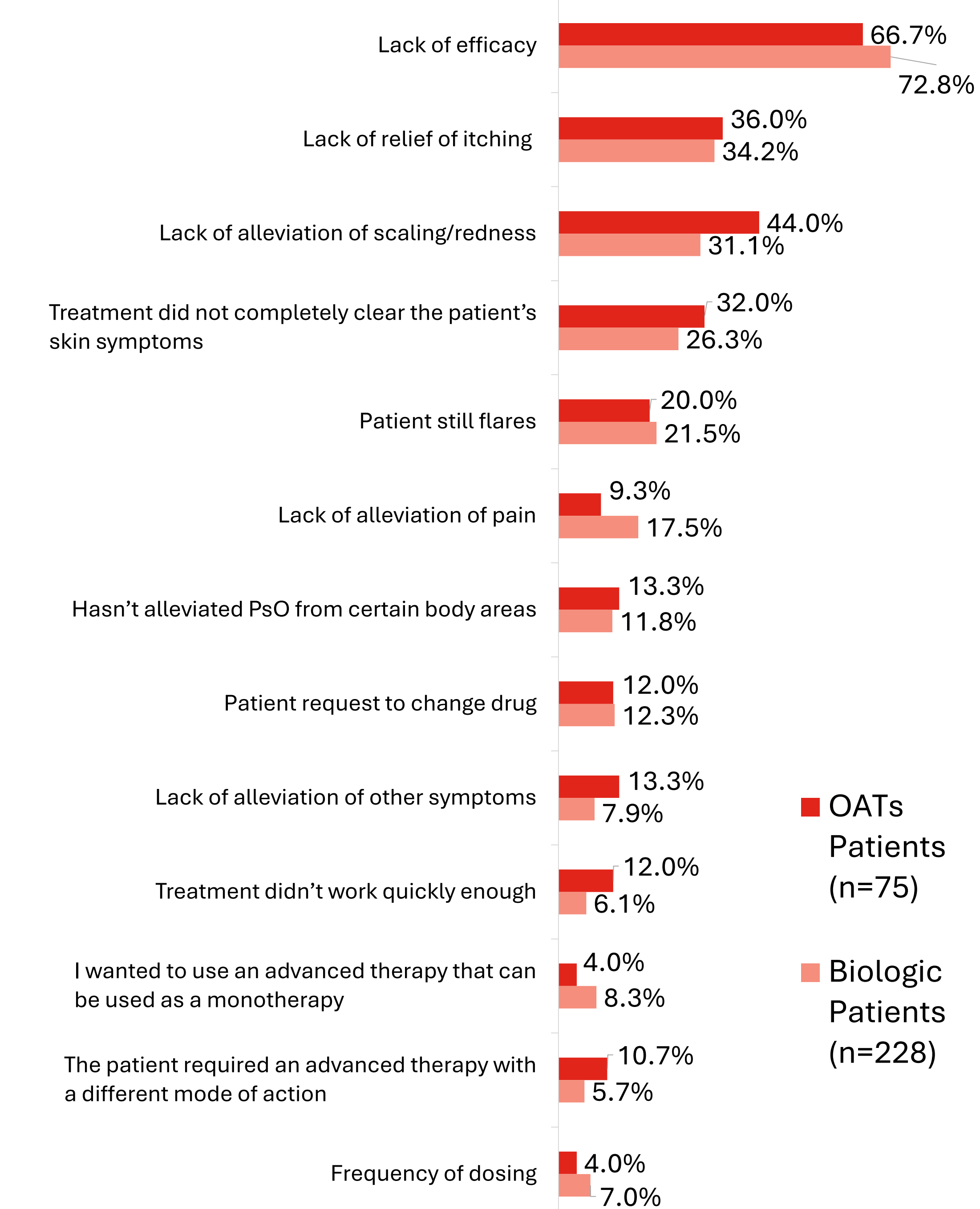
- While most patients were satisfied with the performance of their current treatment, 29.6% of biologic and 40.7% of OAT patients were not satisfied or believed their treatment could perform better. Additionally, 46.4% of biologic patients reported preferring oral administration. These gaps highlight the need for more effective, patient-centered therapies.

Figure 4: Body Areas affected at initiation of treatment



There were no significant differences in the affected body areas listed, or when they were combined, between these two groups  
Special areas: Scalp, Face, Groin/genitals, Feet, Hands, Nails

Figure 5: Physician-reported reason for switching to current treatment



No statistical comparison tests conducted

Figure 6: Patient-reported treatment satisfaction

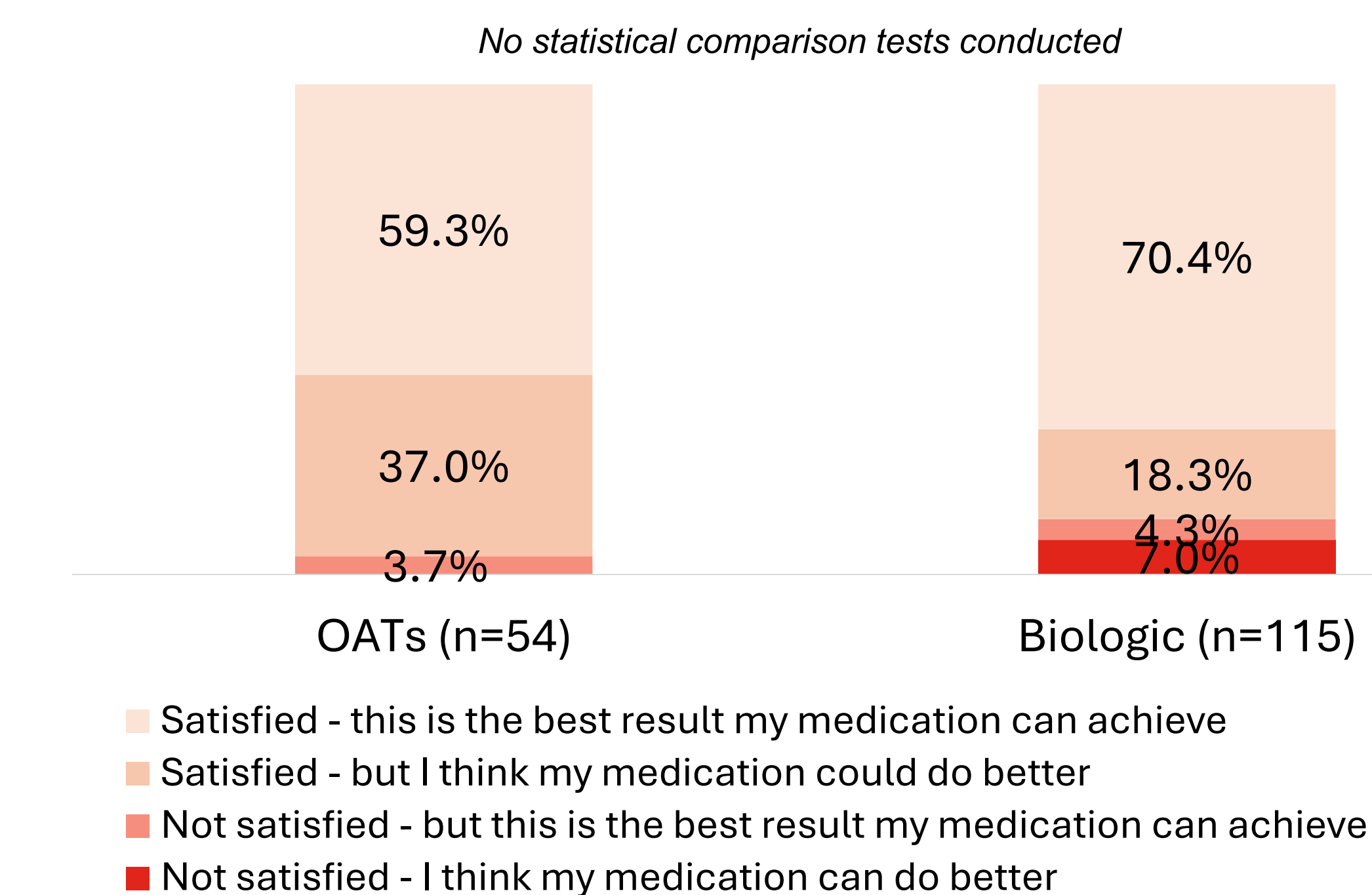
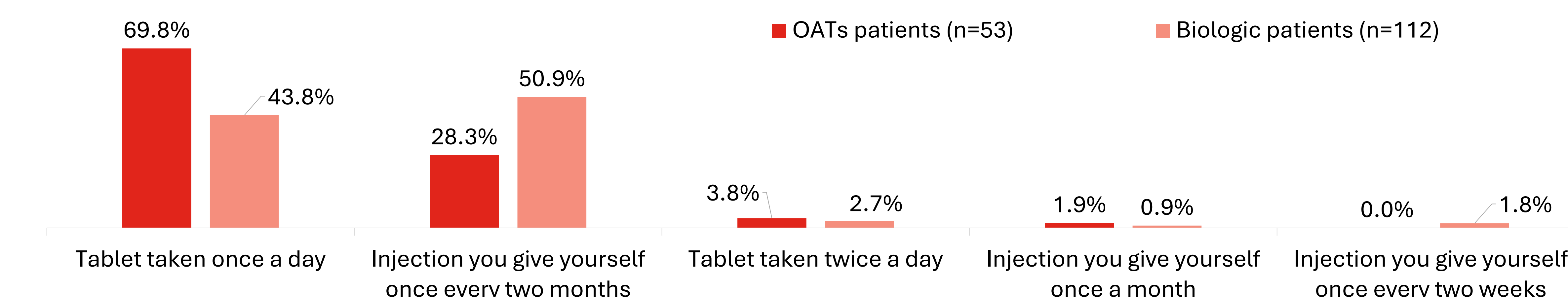


Figure 7: Patient-reported preferred method of administration



No statistical comparison tests conducted

Figure 1: Body Surface Area (BSA) at initiation of treatment

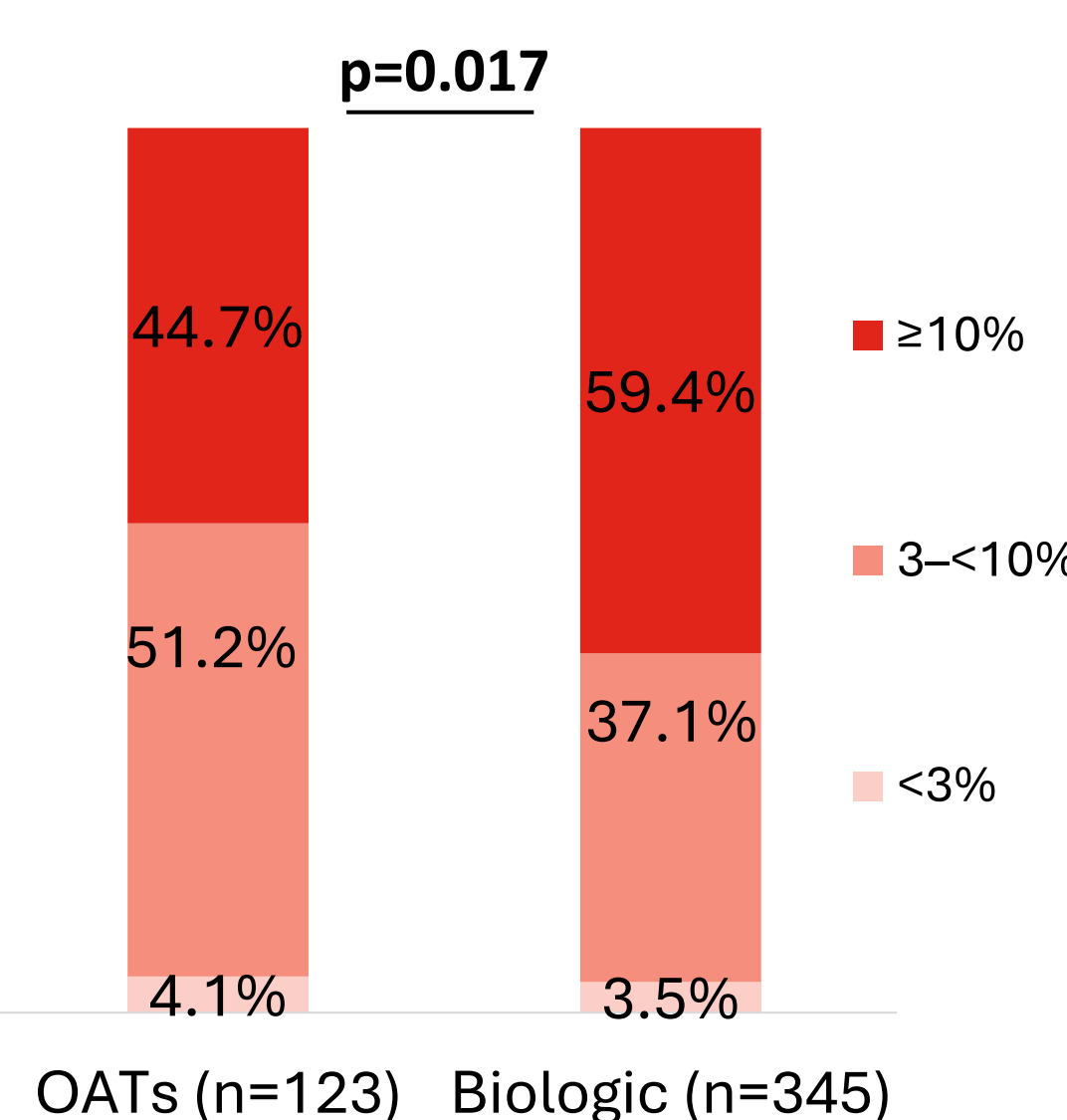


Figure 2: Psoriasis Area Severity Index (PASI) at initiation of treatment

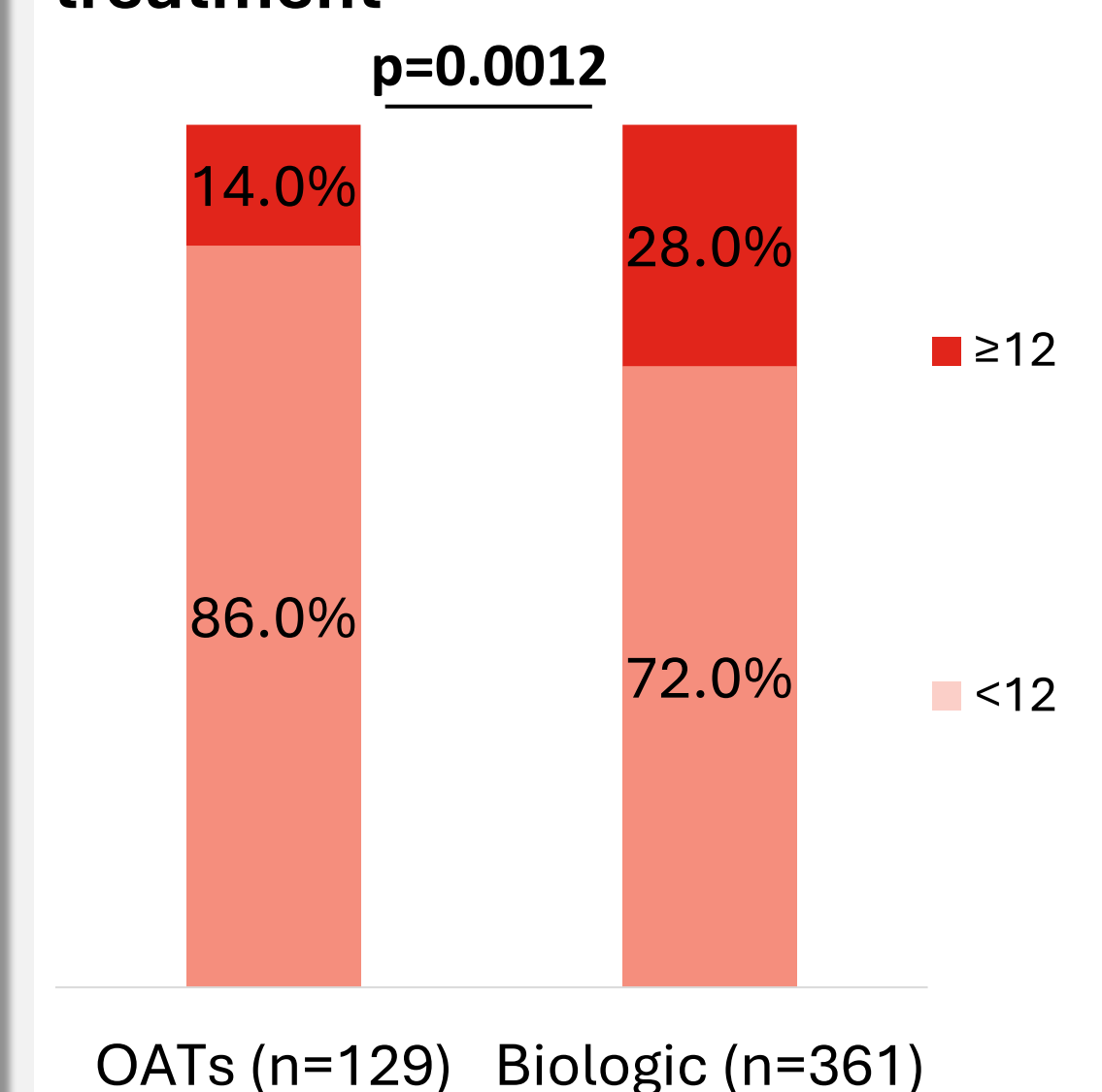
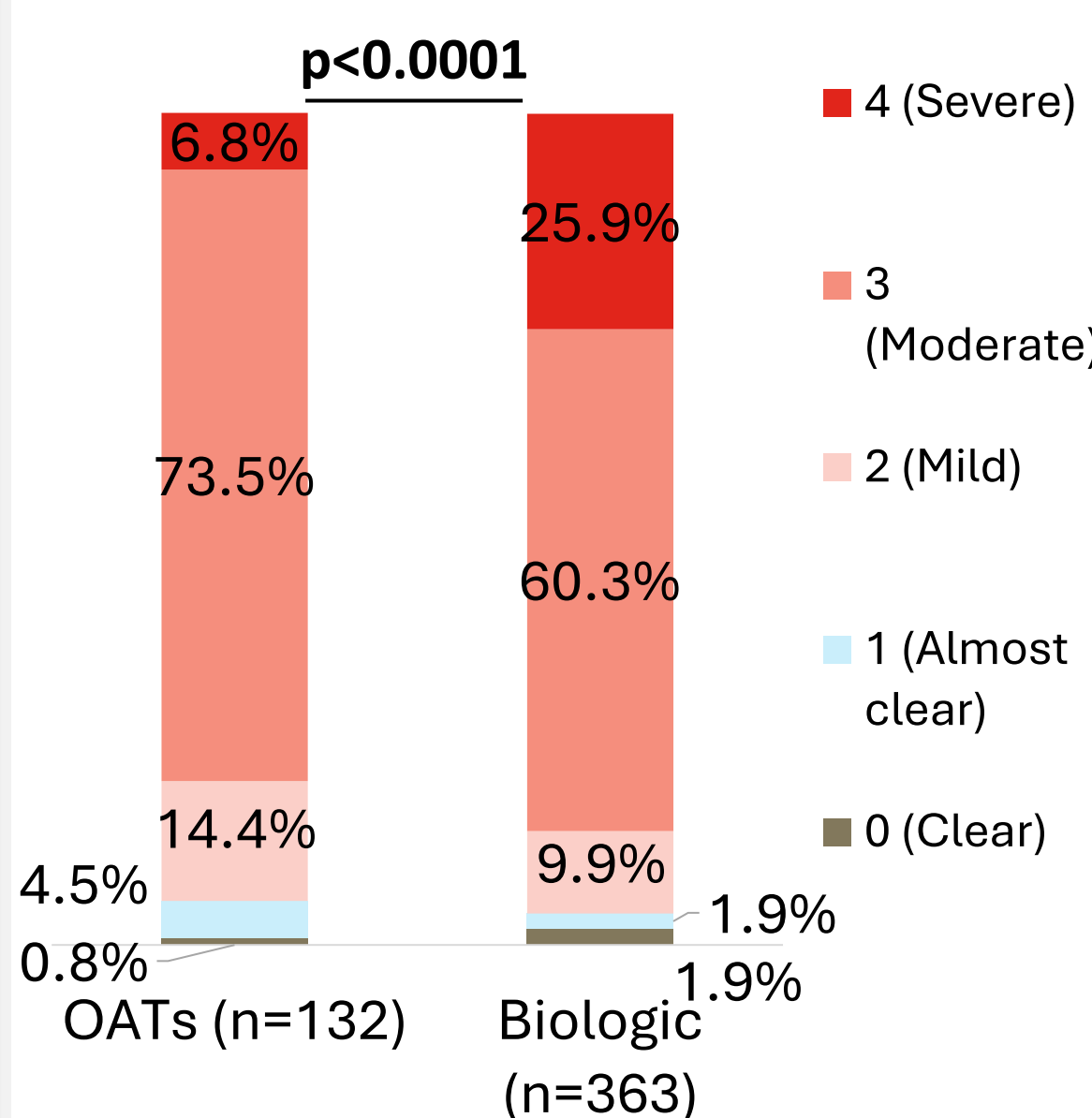


Figure 3: Physician Global Assessment (PGA) at initiation of treatment



## LIMITATIONS

- This sample is only representative of the dermatologist consulting patient population.
- Recall bias is a common limitation of surveys; however, physicians were encouraged to refer to the patient medical record to help mitigate recall bias.