Achievement of the National Psoriasis Foundation Treatment Treat-to-Target Goals in the US Ixekizumab Customer Support Program

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BACKGROUND

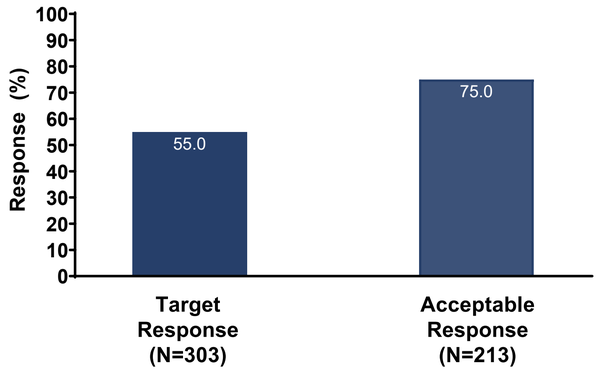
- The National Psoriasis Foundation (NPF) has defined treatment goals to improve patient care in psoriasis[1]
  - The goals establish targets to inform treatment decisions, reduce disease burden, and improve patient outcomes in clinical practice
- The real-world effectiveness of ixekizumab, a highly selective IL-17A monoclonal antibody, has been evaluated in patients with moderate-to-severe psoriasis in the Taltz Customer Support Program (CSP)

OBJECTIVE

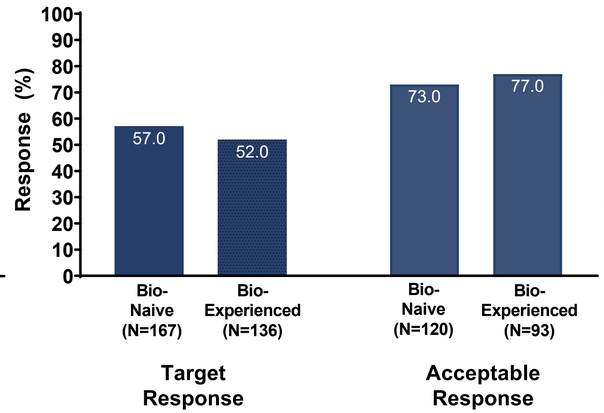
- To evaluate the real-world effectiveness of patients initiating ixekizumab to achieve NPF-defined treat-to-target goals after 12 weeks of treatment with data from the CSP

KEY RESULTS

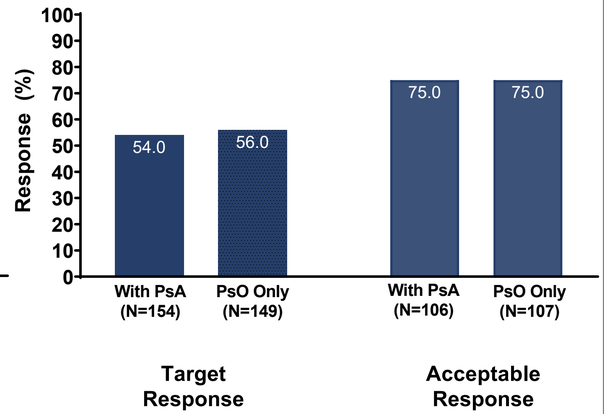
Percentage of patients achieving NPF target and acceptable response after 12 weeks of treatment



Percentage of patients achieving NPF target and acceptable response after 12 weeks of treatment by bio-experience



Percentage of patients achieving NPF target and acceptable response after 12 weeks of treatment by psoriatic arthritis



For target response, analyses included patients with a baseline BSA score >1 and non-missing BSA score at Week 12
For acceptable response, analyses included patients with a baseline BSA score >3 and non-missing BSA score at Week 12

DISCUSSION

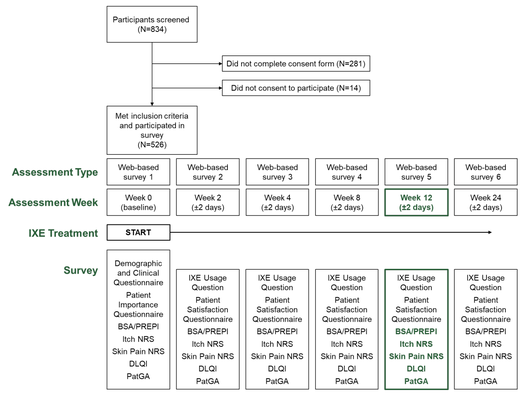
- Although BSA was measured differently (patient vs. clinical assessment) the findings for target and acceptable responses in this real-world study were similar to those seen in the UNCOVER Phase III clinical trials[2]
  - With a real-world study population, factors influencing outcomes may also include, but are not limited to, compliance with medications, and experience with biologics

CONCLUSIONS

- The results from this study provide evidence of the real-world effectiveness of ixekizumab; observations from the overall sample were similar to those across the subgroups, PsA and biologic use

METHODS

US Ixekizumab CSP Design



Key Eligibility Criteria

- Patients with psoriasis enrolled in the US Ixekizumab CSP
- ≥18 years of age
- Commercial insurance
- Initiated ixekizumab within 7 days of screening
- Device with access to the internet

Assessments

- Web-based questionnaires administered at baseline, Weeks 2, 4, 8, 12, and 24
- Body Surface Area (BSA) measured by PREPI questionnaire
  - PREPI: Single question in which the patient estimates how many palms of the hand are needed to cover psoriasis patches on the body
  - A palm of the patient's hand is ~ 1% BSA
- Psoriatic arthritis diagnosis is self-reported

NPF Treatment Goals[1]

- At 12 weeks after treatment initiation
  - Target response: BSA ≤1%
  - Acceptable response: BSA ≤3% or improvement in BSA ≥75% from baseline

Statistical Analyses

- Descriptive analyses with observed data
- Inclusion in the study population
  - Target response: patients were required to have BSA >1% at baseline
  - Acceptable response: patients were required to have a baseline BSA >3%

Patient Demographics and Baseline Characteristics

	Target Response (N=422)	Acceptable Response (N= 294)
Age, mean ± SD	46.7 ± 12.1	46.1 ± 11.8
Women, n (%)	266 (63%)	179 (61%)
Duration from onset of psoriasis, months, mean ± SD	193.8 ± 164.9	205.3 ± 165.9
Baseline BSA, mean ± SD	11.7 ± 16.3	15.8 ± 18.0
Psoriasis locations, n (%)		
Scalp psoriasis	276 (65%)	206 (70%)
Genital psoriasis	105 (25%)	81 (28%)
Nail psoriasis	116 (27%)	87 (30%)
Psoriatic arthritis, n (%)	211 (50%)	144 (49%)
Bio-experienced (previous 2 years), n (%)	178 (42%)	124 (42%)

REFERENCES
1. Armstrong AW, et al. *J Am Acad Dermatol.* 2017;76(2):290-8
2. Armstrong A, et al. J Am Acad Dermatol. 2021; 85(2): 330-336

ABBREVIATIONS

BSA=body surface area; CSP=Customer Support Program; DLQI=Dermatology Life Quality Index; IXE=ixekizumab; NPF=National Psoriasis Foundation; NRS=numeric rating scale; PatGA=Patient's Global Assessment; PREPI=Patient-Reported Extent of Psoriasis Involvement; PsA=psoriatic arthritis; PsO=psoriasis; SD=standard deviation

DISCLOSURES

- **A. B. Gottlieb** has received honoraria as an advisory board member, non-promotional speaker or consultant for: Amgen, AnaptysBio, Avotres Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Dice Therapeutics, Dermavant, Eli Lilly, Janssen, Novartis, Pfizer, Sanofi, Sun Pharma, UCB Pharma, and Xbiotech (stock options for an RA project); research/educational grants from: AnaptysBio, Janssen, Novartis, Ortho Dermatologics, Sun Pharma, BMS, and UCB Pharma; all funds go to the Icahn School of Medicine at Mount Sinai; **R. Burge, W. N. Malatestinic, B. Zhu, Y. Zhao, M. Feely** are shareholders and employees of: Eli Lilly and Company; **M. Feely** is a clinical instructor at: Mount Sinai Hospital and has received consulting, travel, or speaker fees from: Aerolase, Castle Biosciences, Galderma Aesthetics, Glow Recipe, La Roche-Posay - L'Oréal, Revian, Sonoma Pharmaceuticals, Sun Pharma, and Suneva Medical; **J. McCormack** and **M. Kimel** declare no conflicts of interest; **J. F. Merola** is a consultant and/or investigator for: AbbVie, Amgen, Biogen, Bristol Myers Squibb, Dermavant, Eli Lilly and Company, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi Regeneron, Sun Pharma, and UCB Pharma
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