Real-World Switch Rates for Patients With Psoriasis Initiating Risankizumab Stratified by Body Mass Index

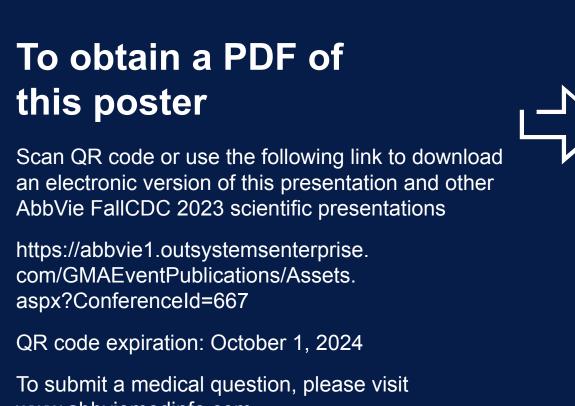
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OBJECTIVE

To quantify real-world switch rates for patients with psoriasis treated with risankizumab, stratified by body mass index categories and weight quartiles

CONCLUSION

In this real-world study, treatment patterns through 12 months among patients initiating risankizumab for psoriasis were consistent regardless of BMI or body weight quartile



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whose products may be related to the present report are listed as declared by the authors: J.J. Wu is or has been an investigator, consultant, and/or speaker for AbbVie, Almirall, Amgen, Arcutis, Aristea, Bausch Health, Bl, BMS Dermavant, DermTech, Dr. Reddy's, Lilly, EPI Health. Galderma, Janssen, LEO, Mindera, Novartis, Pfizer, Regeneron, Samsung Bioepis, Sanofi-Genzyme, Solius, Sunceutical, UCB, and Zerigo Health. M. Patel, H. Photowala and C. Li are employees of AbbVie Inc. and may hold stock or stock options. A.W. Armstrong has served as a research investigator and/or scientific advisor to AbbVie, ASLAN, BI, BMS, EPI, Incyte, LEO, UCB, Janssen, Lilly, Novartis, Ortho Dermatologics, Sun, Dermavant, Dermira, Sanofi, Regeneron, Pfizer, and Modmed.

INTRODUCTION

- Psoriasis (PsO) is a chronic, inflammatory skin disorder that affects approximately 3% of adults in the US1
- While PsO typically affects the skin, it is also associated with other systemic comorbidities such as psoriatic arthritis, cardiometabolic disease, diabetes, and obesity²⁻⁴
- Switching therapies is common in patients with PsO due to poor treatment outcomes, such as lack of efficacy
- or safety/tolerability issues, which are notably more pronounced in patients who are refractory to treatment⁵
- Studies have also linked metabolic syndrome and its components, especially obesity, to decreased biologic treatment efficacy in patients with PsO⁶
- In a long-term clinical setting, risankizumab efficacy was consistent independent of weight/body mass index (BMI) status

METHODS

Database

 The Optum[®] Market Clarity Data, a database which includes insurance claims linked with electronic medical records data, was used to identify patients who initiated risankizumab between May 1, 2019 and September 30, 2022

Eligibility Criteria

- Adults initiating risankizumab
- ≥1 psoriasis diagnosis (ICD codes) on or prior to biologic initiation
- ≥6 months of continuous insurance benefits pre- and 12 months post-biologic initiation
- No other biologics or apremilast in baseline period (targeted immuno modulator-naïve patients)
- Patients with weight/height data available on or in the 12 months prior to start of risankizumab

Study Outcome

- Switch rate at 12 months:
- The proportion of patients who switched to a different biologic or apremilast in the 12 months follow-up period
- Switch rates over 12 months were evaluated among all risankizumab initiators and stratified by:
- ∘ BMI category (BMI <25 Kg/m², 25 to <30 Kg/m²,
- Weight quartiles of the population (≤73.94 Kg, >73.94 to ≤ 89.40 Kg, >89.4 to ≤ 105.2 Kg, >105.2 Kg)

Statistical Analysis

 Fisher's exact test was conducted to compare switch rates across different BMI categories and weight

RESULTS

Baseline Demographics

- A total of 367 patients were included in this analysis; the mean (SD) age of patients was 47.7 (14.3) years, 52.9% were female, 5.5% were Black, and 83.1% were White
- Among patients initiating risankizumab, 19.4% had a BMI of <25 Kg/m², 30.2% had a BMI of 25 to <30 Kg/m², and 50.4% had a BMI ≥30 Kg/m²
- Each body weight stratified subgroup contained approximately 25% of the patient population

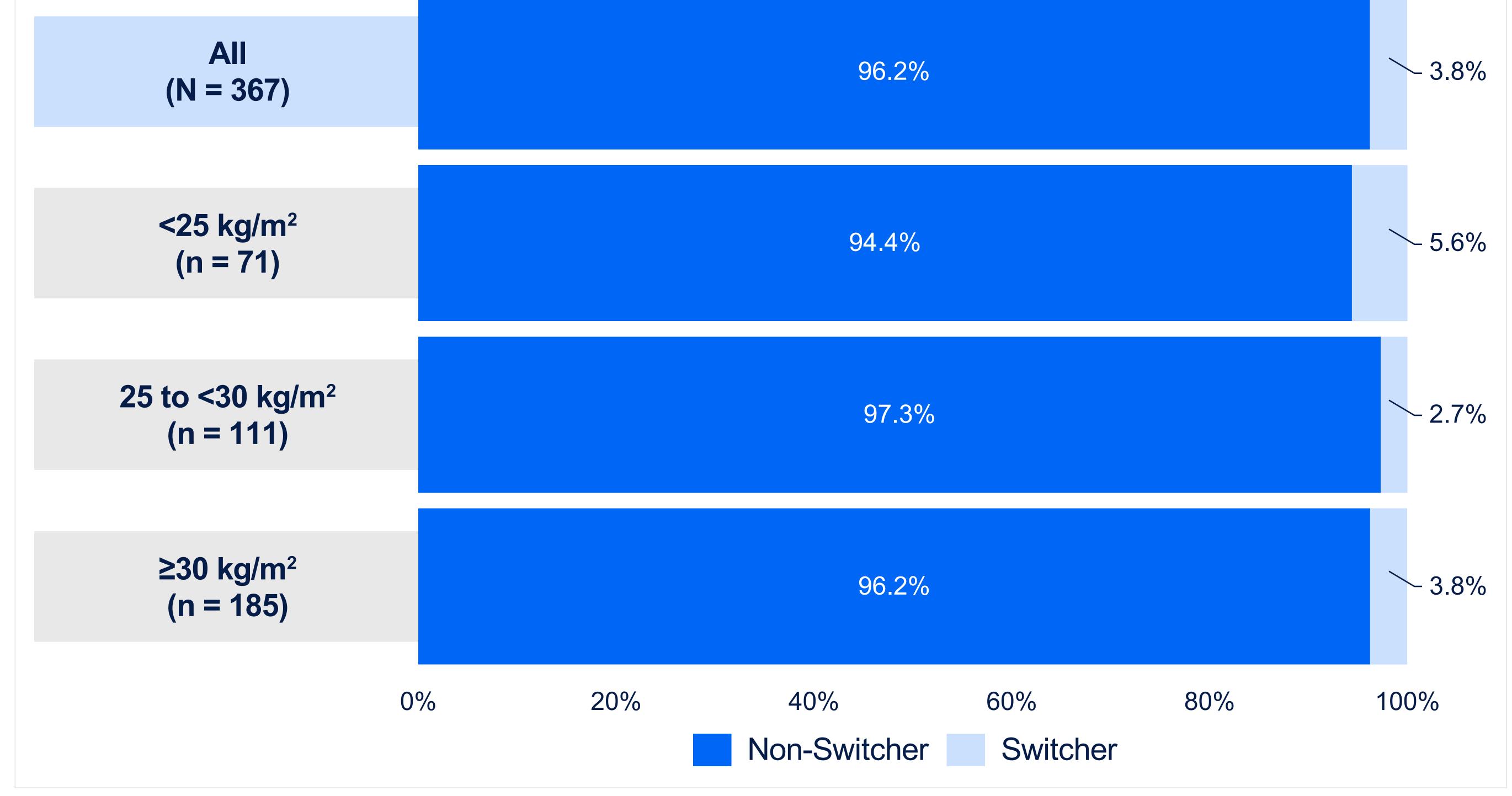
Switch Rates

- The switch rate by 12 months for all patients initiating risankizumab was 3.8%
- There were no significant differences in switch rates between BMI categories (P = .589)
- There were no significant differences in switch rates between body weight quartiles (P = .299)

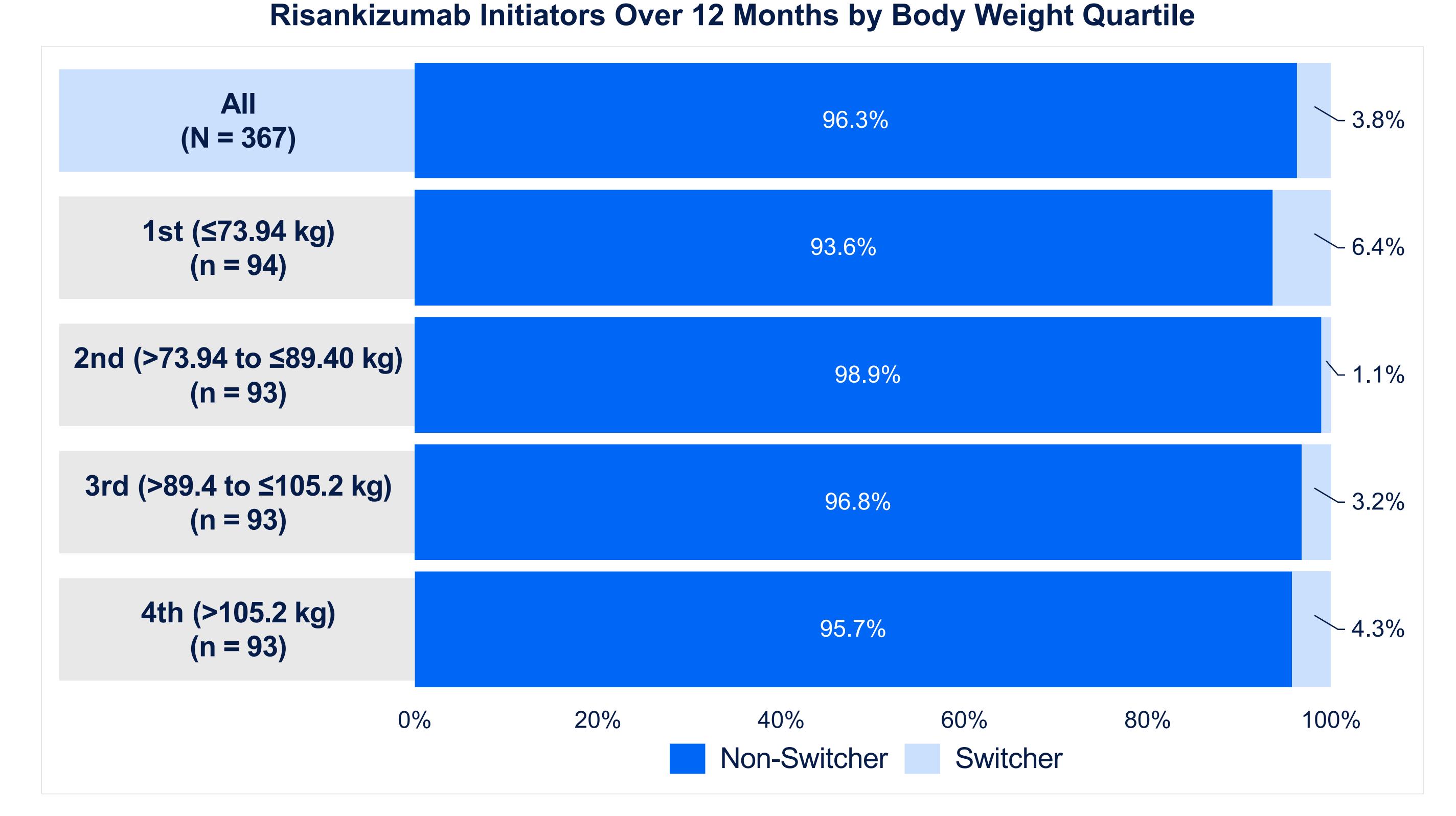
All patients

RESULTS CONTINUED





Real-World Biologic Switch Rates Among



Baseline Demographics for Patients That Initiated Risankizumab

	(N = 367)
Age, mean (SD), years	48 (14.3)
Sex	
Female	194 (52.9)
Male	173 (47.1)
Race	
Black	20 (5.5)
Asian	13 (3.5)
White	305 (83.1)
Other/unknown	29 (7.9)
Region	
Midwest	164 (44.7)
Northeast	60 (16.4)
Other/unknown	14 (3.8)
South	98 (26.7)
West	31 (8.5)
Insurance type	
Commercial	334 (91.0)
Medicaid	13 (3.5)
Medicare	19 (5.2)
Unknown	1 (0.3)

All data are n (%) unless stated otherwise.