INTRODUCTION
Psoriasis (PsO) is a chronic, inflammatory skin disorder that affects approximately 3% of adults in the US. While PsO typically affects the skin, it is also associated with other systemic comorbidities such as psoriatic arthritis, cardiometabolic disease, diabetes, and obesity. 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 treatment. Studies have also linked metabolic syndrome and its components, especially obesity, to decreased biologic treatment efficacy in patients with PsO.

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
- 2+ psoriasis diagnoses (ICD codes) on or prior to biologic initiation
- All months of continuous insurance benefits pre- and post 12 months post-biologic initiation
- No other biologics or apremilast in baseline period (targeted immune modulator-naïve patients)
- Patients with weight/height data available on or in the 12 months prior to start of risankizumab

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 to <30 Kg/m², 30.2% had a BMI of 30 to <30 Kg/m², and 50.4% had a BMI ≥30 Kg/m². Each body weight strafiled subgroup contained approximately 25% of the 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 across BMI categories (P = .589).
- There were no significant differences in switch rates between body weight quartiles (P = .299).

RESULTS CONTINUED

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.

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