Background

- Generalized pustular psoriasis (GPP) is rare, chronic, potentially life-threatening, severe, and frequently refractory to treatment.
- Patients with GPP can experience flares—unpredictable episodes of extensive, sterile pustular eruptions, often accompanied by systemic symptoms, which can be potentially life-threatening.
- Treatment discontinuation is a common occurrence. In a previous study, 8% of patients discontinued biologic treatment due to lack of efficacy, with a trend toward treatment switching or biologic discontinuation.

Study Objectives

- To characterize prescription patterns before, during, and after GPP flares
- Regardless of index therapy, a large proportion of treatments are discontinued, switched, or modified.

Methods

- The data source for this study comprises de-identified data from the OMNY Health Dermatology Platform (OMNY data) that includes data from 15 million patients. EHRs from specialty dermatology networks in the OMNY Health real-world data platform from 2011 to January 2023 were accessed.
- Encounters from patients with at least 1 GPP diagnosis code were identified from Electronic Health Records (EHRs) using a primary index and an encounter to predict overall probability of GPP flare. This approach involved the natural language processing (NLP) of clinical notes and the presence of structured procedures.

Results

- Of approximately 7.4 million patients, 2.13 million had at least 1 diagnosis code for GPP (ICD-10: L40.1), 30 days before the first diagnosis code.
- The most common comorbidities were plaque psoriasis (42%), systemic infection (35%), and cardiovascular disease (26%).

Prescriptions during the flare episode to the post-flare period decreased most notably for topical agents, whereas oral steroids were more modest.

Prescriptions of all therapy classes increased from the pre-flare period to the post-flare period, then decreased from the pre-flare episode to the post-flare period.

Conclusions

- Results provide insights into real-world treatment patterns around GPP flares. Data suggests the need for more effective long-term treatments for GPP.
- GPP is a chronic disease, and some patients may continue to experience symptoms even after discontinuation of treatment.

 limitations: only patients with the diagnosis code (ICD-10: L40.1) were included. Given that GPP is a rare disease, obtaining data in the real-world setting is possible, which may have resulted in the exclusion of otherwise eligible patients.

- Exposure therapy was defined by label conventions and may not represent actual exposure.
- Patients may have received care from health systems outside the specialty dermatology network.

- Lengthy prior authorization and/or denials in coverage may account for patient switching and/or delayed discontinuation.

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References

- Rasouliyan L. Treatment discontinuation: Gap in scheduled therapy of ≥ 30 days or within 90 days of last therapy for another class.