INTRODUCTION

Patients with psoriasis who experience treatment failure to, or whose disease does not respond to, biologic therapies over time may encounter medical or economic consequences, including higher mean total healthcare-related costs and increased use of other medications.

Brodalumab is a fully human anti-interleukin-17 receptor A monoclonal antibody that is efficacious in treating moderate-to-severe psoriasis.

It is crucial to understand the efficacy of subsequent biologic treatment in individuals whose disease did not respond to initial biologic treatment.

OBJECTIVES

To assess long-term efficacy and safety of brodalumab in 2 multicenter randomized clinical trials (AMAGINE-2/-3) in patients with moderate-to-severe plaque psoriasis whose disease did not respond to 1, 2, or ≥3 prior biologics.

METHODS

In AMAGINE-2/-3, patients were initially randomized to either the same or a different brodalumab regimen, patients receiving ustekinumab continued on ustekinumab, and patients receiving placebo were switched to brodalumab 210 mg every 2 weeks.

At week 52, patients entered the long-term extension phase and received brodalumab.

RESULTS

Efficacy

Among patients whose disease did not respond to 1, 2, or ≥3 prior biologics, skin clearance rates were comparable from weeks 52 to 120 in those achieving PASI 75 (Figure 2A), PASI 90 (Figure 2B), and PASI 100 (Figure 2C).

In an observed analysis at week 52, PASI 75 response rates in patients whose disease did not respond to 1, 2, or ≥3 prior biologics were 86.4%, 87.2%, and 85.3%, respectively.

PASI 90 response rates were 71.2%, 75.6%, and 72.5%, respectively.

PASI 100 response rates were 42.4%, 50.0%, and 41.2%, respectively.

At week 120, observed PASI 75 response rates were 82.1%, 84.3%, and 93.2% in patients whose disease did not respond to 1, 2, or ≥3 prior biologics, respectively.

PASI 90 response rates were 64.1%, 74.5%, and 79.7%, respectively.

PASI 100 response rates were 50.0%, 54.9%, and 54.2%, respectively.

Safety

Across all years, exposure-adjusted TEAE rates per 100 patient-years were 359.0, 297.6, and 383.2, respectively (Table 1).

CONCLUSIONS

Skin clearance rates were comparable in patients whose disease did not respond to 1, 2, or ≥3 prior biologics through week 120.

These data demonstrate that brodalumab is efficacious and well tolerated for long-term treatment of moderate-to-severe psoriasis in patients with lack of response to prior biologic therapies, including those with lack of response to ≥3 prior biologics.

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REFERENCES