PSORIASIS

APREMILAST PRIOR TO BIOLOGICS IN PSORIASIS

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Introduction: Apremilast has been a favorable option for psoriasis patients due to its oral administration and generally well-established safety profile. Despite these advantages, clinicians may be reluctant to use apremilast due to its lower perceived efficacy and issues regarding tolerability. As a result, apremilast's position in the treatment algorithm warrants further investigation.

Objectives: To gain further insight into use of apremilast prior to biologics in psoriasis.

Methods: An independent market analytics firm collaborated with US dermatologists (n=154) to conduct a retrospective chart review of patients diagnosed with plaque psoriasis (PSO) (n=1,010), who had recently been initiated on first-line biologic/apremilast therapy. Dermatologists were able to submit up to seven patient charts. Data were collected via a HIPAA- compliant audit form in March and April 2018 and included clinical and non-clinical patient demographics, as well as physician demographics and attitudinal survey responses.

Results: Apremilast captured 29% of the recent post tDMARD/pre-biologic market, more than any approved psoriasis biologic. The oral route of administration and the favorable safety profile were the leading primary drivers behind pre-biologic apremilast use (45% and 23%). In addition, 40% of first-line apremilast patients were either the primary driver or had significant input into the selection of the brand, significantly more than any other approved biologic agent. Apremilast patients also appeared to have less severe psoriasis as evidenced by a significantly lower BSA than any biologic.

Conclusion: More than 70% of patients began first-line biologic treatment without prior exposure to apremilast. When apremilast is selected prior to biologics, it is selected due to its safety profile and patient preferred oral formulation. Patients are often significantly more involved in the decision to initiate apremilast therapy than they are for biologics.