PSORIASIS

LONG-TERM EFFICACY OF IXEKIZUMAB AND ABSOLUTE PSORIASIS AREA AND SEVERITY INDEX RESPONSE IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS: 4 YEARS OF FOLLOW-UP FROM UNCOVER-3

J Wu [1] - J Bagel [2] - R Langley [3] - G Gallo [4] - L Zhang [5]

Dermatology Research And Education Foundation, Na, Irvine, United States [1] - Windsor Dermatology, Department Of Dermatology, East Windsor, United States [2] - Dalhousie University, Medicine, Division Of Dermatology & Cutaneous Science, Halifax, Canada [3] - Eli Lilly And Company, Global Medical Affairs, Indianapolis, United States [4] - Eli Lilly And Company, Statistics, Indianapolis, United States [5]

Introduction: Ixekizumab (IXE), a high-affinity monoclonal antibody that selectively targets IL-17A, has previously shown maintained reduction in absolute Psoriasis Area and Severity Index (PASI) that sustained over 3 years and was generally safe in the treatment of moderate-to-severe psoriasis.

Objective: This study reports PASI data of patients with 4 years (204 weeks) of treatment with a recommended IXE dose from UNCOVER-3.

Materials and Methods: Patients received IXE according to the recommended dose (starting 160mg, then 80mg every 2 weeks [Q2W] up to and including Week 12, followed by 80mg every 4 weeks [Q4W]). Dosing could be adjusted to IXEQ2W at investigator's discretion after Week 60. The efficacy data were summarized based on the recommended IXE dose (N=385), where the data collected at visits with adjusted Q2W were excluded before imputations were applied. The efficacy was measured by percentage of patients achieving PASI 75/90/100 and absolute PASI scores ≤5/3/2/1. The modified non-responder imputation approach was used, where missing data were considered non-response if patients discontinued the treatment due to adverse events, lack of efficacy, or relapse, and in all other cases of missing data, data were imputed using multiple imputation.

Results: Of 385 patients originally randomized to IXEQ2W, 362 entered the long-term extension period; 74 had dose adjustment up to Q2W between Weeks 60 and 204; more than half (54.1%) of those patients reached PASI 75 prior to dose adjustment. At Week 204, with IXEQ2W/IXEQ4W recommended dose, the proportion of patients who achieved the PASI 75/90/100 were 82.8%, 66.4%, and 48.3% and absolute PASI ≤5/3/2/1 were 82.3%,

73.2%, 67.3%, and 59.6%, respectively. No new safety signals were seen for IXE.

Conclusions: This study demonstrated efficacy of IXE over 4 years in patients with moderate-to-severe plaque psoriasis. The safety profile remained consistent with prior findings with no or unexpected new safety concerns.