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Addressing Adherence Challenges in Moderate-to-Severe Plaque Psoriasis Management

Announcer:
Welcome to *DermConsult* on ReachMD. This medical industry feature, titled "ILUMYA® in Moderate-to-Severe Plaque Psoriasis: Supporting Adherence and Continuity of Care," is sponsored by Sun Pharma and is intended for healthcare professionals. Now, here's your host, Dr. Charles Turck.

Dr. Turck:
Hello everyone, and thanks for joining us. Today, we'll begin by reviewing some of the challenges patients with moderate-to-severe plaque psoriasis may face when managing their treatments on their own, whether that involves self-injected biologics or other self-administered therapies like oral pills. From there, we'll explore how treatments administered by healthcare providers can positively impact the patient's experience and drive lasting results, with a special focus on ILUMYA®.

Joining me in this discussion are Matthew Brunner and Douglas DiRuggiero, both of whom work with patients with moderate-to-severe plaque psoriasis.

Matthew Brunner is a Physician Assistant at Dermatology & Skin Surgery Center in Stockbridge, GA. Matthew, thanks for being here today.

Matthew Brunner:
Absolutely, thanks for having me. I'm happy to be joining today's episode to talk about something I'm passionate about— which is improving access to care for patients with chronic skin conditions.

Dr. Turck:
Thank you Matthew. And Douglas DiRuggiero is a Physician Assistant at Skin Cancer and Cosmetic Dermatology Center in Rome, GA. Douglas, it's great to have you with us.

Douglas DiRuggiero:
Thank you, pleasure to be here. I'm honored to be alongside my friend and colleague, Matthew, and to discuss patient care and how we can better support the patients we see in our clinic every day.

Dr. Turck:
Thank you Douglas. Before we begin, let's take a moment to review some important safety information.

Announcer:
INDICATION AND IMPORTANT SAFETY INFORMATION
ILUMYA® (tildrakizumab-asmn) is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

CONTRAINDICATIONS
ILUMYA is contraindicated in patients with a previous serious hypersensitivity reaction to tildrakizumab or to any of the excipients.

Please listen to the additional Important Safety Information at the end of this podcast and see the Full Prescribing Information at ILUMYApro.com

Dr. Turck:
Matthew, to start us off, could you briefly share your background in dermatology, including how long you've been in practice and your

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experience treating patients with psoriasis?

Matthew Brunner:
Happy to do so. I've been a dermatology PA for 25 years now. In fact, when I was a PA student, I actually wrote my Master's project on psoriasis. At the time, I really had no idea that psoriasis therapies were about to evolve so dramatically, opening up an entirely new range of treatment possibilities for our patients. I consider myself really lucky and fortunate to have witnessed firsthand the change in therapeutic options and the impact on the lives of our patients.

Dr. Turck:
And Douglas, what about you?

Douglas DiRuggiero:
Well, like Matthew, I've been practicing medical and surgical dermatology for a quarter of a century. Prior to derm, I practiced internal medicine where I used biologics for many arthritis patients. In fact, I've been told that I'm the first PA in the United States who put a patient on etanercept for rheumatoid arthritis. So biologics have been part of my practice for a pretty long time. When biologics entered dermatology for psoriasis treatment in the early 2000s, it was like a family reunion to me. It's been fun and rewarding to ride this wave of innovation and therapeutic progress over the past 25 years.

Dr. Turck:
Thank you both for sharing your information. Now, let's jump into today's topic: moderate-to-severe plaque psoriasis and its treatments. For many adults living with moderate-to-severe plaque psoriasis, several of the biologics currently approved in the US can be self-administered at home through subcutaneous injections. What have you been hearing from your patients about their experiences with self-injecting these treatments?

Matthew Brunner:
You know, the answer really varies from patient to patient. Some value the accessibility and convenience of self-injection, which allows them to manage the treatment on their own terms. However, others don't feel the same way, and for many different reasons.

Some patients express anxiety about using a needle at home to self-inject. Others don't feel confident with the mechanics of self-injection, especially patients with dexterity limitations, limited experience with at-home injectable therapies, or those who have unstable housing or lack access to appropriate storage. For many, the process of at-home administration can feel unfamiliar and disorienting. We also care for patients managing multiple comorbidities and juggling several medications, and so adding the responsibility of remembering to take daily oral pills or self-injecting a biologic can feel overwhelming for those individuals.

Douglas DiRuggiero:
Matthew, I completely agree, it's very patient-dependent, and you've highlighted many of the issues we encounter. Another layer to consider is the practical side of self-injection. Some patients worry about handling the medication correctly or storing it at the right temperature. In fact, one study found about 93% of patients did not maintain their biologic medications within the recommended temperature conditions.[1] So, coordinating deliveries and figuring out how to travel with a biologic can also add another level of stress.

And then there's adherence, which is often one of the biggest hurdles. Patients with multiple medical conditions, complex regimens, they may struggle to stay consistent with a therapy they have to administer themselves. For some, daily pills or frequent injections simply don't fit into their routine, and we know that missed doses can negatively affect disease control.[2]

Dr. Turck:
Thank you both for sharing these important insights. Douglas, you mentioned adherence as one of the biggest hurdles. Could you elaborate on what that looks like in practice for patients with moderate-to-severe plaque psoriasis?

Douglas DiRuggiero:
Yeah absolutely. I mean, adherence is a real concern with both oral medications and self-injected biologics. One study evaluated approximately 2,700 Medicare patients with psoriasis and found only 38% were adherent to their biologic treatments during 12-month follow up.[3] Another study showed that both adherence and persistence rates for injectable biologics—many of which were self-administered—were 63% or lower among adults with psoriasis.[4] So when it comes to self-administered therapies, we often don't know when our patients miss their dose, and even small disruptions in their routine can impact treatment efficacy and lead to disease flare ups. Patients with psoriasis who switch or discontinue their biologic therapy incur approximately a $2700 and a $3700 increase in medical costs, respectively, compared to patients who remain on treatment.[5] With HCP-administered treatments, it's easier to track missed appointments and to intervene sooner to reduce the symptom escalations and increased healthcare cost utilization.

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Dr. Turck:
Given these challenges, how do you both determine which patients might benefit more from an HCP-administered treatment approach, particularly when it comes to supporting continuity of care?

Matthew Brunner:
I tend to think about HCP-administered treatment for patients whose care is already fairly complex. For example, an individual who might be immuno-compromised or managing multiple comorbidities, they might prefer not to take on another therapy at home. I also see an advantage for patients who admit to having compliance concerns with their prescribed regimen.

Having their HCP manage their overall treatment can simplify things, and in many cases, both the patient and the care team might feel more comfortable knowing the treatment is being given in a supervised setting with prescribed intervals of medication administration being scheduled.

When it comes to continuative care, those routine visits are really valuable. They give us a chance to check in, assess their skin, discuss any new concerns, make adjustments before challenges escalate, and build overall rapport. There's evidence to support this approach: research has shown a strong patient-provider relationship plays a critical role in managing moderate-to-severe plaque psoriasis.[6] That regular touchpoint helps keep patients engaged in their treatment and supports strong overall results over time.

Douglas DiRuggiero:
Yeah, I agree with you, Matt. I also think about patients whose day-to-day routine makes self-administration tough to maintain. I mean, some patients have demanding jobs, or incompatible lifestyles. Others have unpredictable schedules that make it difficult to adhere to a prescribed therapy.[7] For them, tying treatment to a scheduled appointment can be a sustainable approach that supports continuity of care and long-term disease control.

Dr. Turck:
You've both highlighted how certain patients with moderate-to-severe plaque psoriasis can really benefit from receiving their treatment in a clinical setting. And with that in mind, I'd like to highlight a real-world example of an HCP-administered biologic. ILUMYA is an interleukin-23 inhibitor indicated for adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. It has a well-established safety profile and is given as a subcutaneous injection, following a dosing schedule of 2 starting doses, and then 4 maintenance doses per year.[8] ILUMYA is also covered under Medicare Part B.

What have your experiences been with using ILUMYA in your practices?

Matthew Brunner:
ILUMYA has been particularly helpful for my medically complex patients who benefit from closer follow-up and a structured approach to care. These may be individuals who have multiple comorbidities, are immuno-compromised, or have a history of malignancy. They still require long-term control of their moderate-to-severe plaque psoriasis, and in these cases, we want to avoid adding unnecessary risk to an already complex patient: the principle of "do no harm" applies. These patients often benefit from more regular touchpoints, so ILUMYA is a great option given that it is managed and administered in the clinic. ILUMYA also has long-term clinical data extending up to 8 years now,[9] which gives us confidence in this choice of therapy.

We see data that also supports this approach. In the pivotal reSURFACE trials, patients taking ILUMYA experienced significant improvement in their moderate-to-severe plaque psoriasis. By Week 28, approximately 75% of the patients achieved at least a 75% improvement from baseline (PASI 75), and these responses were durable among those who continued treatment.[8] From Week 28 through Year 5, patients maintained a high level of skin clearance, with median PASI score reductions of about 94% from baseline.[10] More recently, long-term extension data have shown that this degree of response is maintained for up to 8 years.[9] This kind of long-term durability is especially important for patients who would benefit from a consistent long-term therapy amidst their comorbidities. This also coincidentally benefits our clinics where we are less likely to need to devote practice resources to therapeutic changes which require both time from us and our support staff.

And then safety is another major consideration for medically complex patients. In the reSURFACE trials, the safety profile was largely benign, with the most commonly reported side effects were mild: upper respiratory infections in about 14% of patients, injection site reactions in 3%, and diarrhea in 2%.[8] These are things we can easily monitor in the clinic, and they rarely lead to discontinuation.

Importantly, in the long-term extension studies, up to 8 years, no new safety signals were observed and less than 10% of patients developed anti-drug antibodies to ILUMYA during treatment. The presence of those anti-drug antibodies didn't affect safety.[9]

For these patients, this kind of safety profile gives us confidence in their treatment plan and increases the likelihood that they will remain

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on therapy. And as Douglas and I know that continuity in treatment for moderate-to-severe plaque psoriasis is associated with better disease control and improved quality of life,[11] and this is particularly important for medically complex patients.

Douglas DiRuggiero:
Yeah, Matthew, I've also found ILUMYA to be a good fit for my patients who struggle with self-management. It's easy for me to think of a hypothetical patient that's an older gentleman with moderate-to-severe plaque psoriasis. I mean, in this scenario, he has limited dexterity, he's anxious about needles. He also lives alone and does not have anyone to help with the steps involved in managing his treatment. Things like ordering, storing, the timing of injections, injecting the medication itself— this all results in several missed doses. He is insured under Medicare Part B, which makes coverage and access an important consideration when discussing treatment options.[12]

For this type of patient, ILUMYA would be a great option because receiving treatment in the clinic removes the burden of self-administration and it aligns well, you know, with his insurance coverage. Also, since ILUMYA is covered under Medicare Part B and the hypothetical patient that I'm discussing has a supplemental plan in place, prior authorization would not be required.

More broadly, and in summary, ILUMYA has been a helpful option for moderate-to-severe plaque psoriasis patients who would benefit from in-office support. They have problems with hand dexterity, maybe visual acuity is decreasing, challenges with needle anxiety. So, a structured, clinic approach can support long-term care by improving adherence to the therapy.

Dr. Turck:
Thank you both for sharing your experiences with ILUMYA. And as we think about incorporating any biologic into a patient's treatment plan, shared decision-making becomes essential. How do you engage patients in discussions about their options so the plan you develop together truly supports long-term outcomes?

Matthew Brunner:
Like most things in clinic, shared decision-making really is at the center of all of this. Even when we have a treatment that seems clinically appropriate, it still has to fit the patient's lifestyle and the side effect profile needs to also match the patient's comfort level. I try also to understand what the patients day-to-day looks like. Some patients travel frequently for work or to visit family, and they don't want to deal with packing biologics or manage storage while they're away. For patients like these, knowing they have set appointments built into their schedule can also feel much more manageable.

And those shared decision-making conversations can help us land on a plan that's realistic and sustainable for the patient[13]

Douglas DiRuggiero:
Well, it's no surprise that we agree again, Matthew. Shared decision-making is really where all of those earlier considerations come back into play. I mean, for patients with multiple comorbidities or more complex care needs, we talk through how different treatment options fit into everything else they're managing. Some prefer the predictability of the clinic-based administration because it removes the responsibility of coordinating another therapy on their own. But in the end, this decision is essential, not optional. Because it's the only way certain patients have a chance at enjoying the full long-term clinical benefit of their psoriasis treatment.

Bringing all these factors, along with the others we discussed today, into the shared-treatment conversation helps us weigh what will work best for each patient.

Dr. Turck:
Well, as we near the end of today's podcast, I want to thank you both for sharing your insights with our listeners today.

Matthew Brunner:
Thanks for having me, I really enjoyed the opportunity to share my clinical experience with you and your listeners.

Douglas DiRuggiero:
I'd like to echo what Matthew just said. This has been a great experience. I hope others find it beneficial to the clinical care of their moderate-to-severe plaque psoriasis patients. And thanks again for having me.

Dr. Turck:
It was a pleasure. We covered many key topics today, particularly surrounding the real-world challenges some patients face with self-management of their moderate-to-severe plaque psoriasis. We discussed patients that may benefit from HCP-administered treatments for moderate-to-severe plaque psoriasis and how this can support continuity of care and long-term results. We also discussed where ILUMYA can fit into clinical practice as a safe, HCP-administered option, and the importance of shared decision-making with patients to develop optimized treatment plans.

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We hope this conversation provides useful perspectives you can bring into your own clinical discussions. Thank you for joining us.

For ReachMD, I'm Dr. Charles Turck. Let's take a moment to review some important safety information.

Announcer:

WARNINGS AND PRECAUTIONS

Hypersensitivity

Cases of angioedema and urticaria occurred in ILUMYA-treated subjects in clinical trials. If a serious allergic reaction occurs, discontinue ILUMYA immediately and initiate appropriate therapy.

Infections

ILUMYA may increase the risk of infection. Treatment with ILUMYA should not be initiated in patients with a clinically important active infection until the infection resolves or is adequately treated.

Consider the risks and benefits of treatment prior to prescribing ILUMYA in patients with a chronic infection or a history of recurrent infection. Instruct patients receiving ILUMYA to seek medical help if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a clinically important or serious infection, or is not responding to standard therapy, closely monitor and consider discontinuation of ILUMYA until the infection resolves.

Pretreatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with ILUMYA. Do not administer ILUMYA to patients with active TB infection. Initiate treatment of latent TB prior to administering ILUMYA. Consider anti-TB therapy prior to initiation of ILUMYA in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Patients receiving ILUMYA should be monitored closely for signs and symptoms of active TB during and after treatment.

Immunizations

Prior to initiating therapy with ILUMYA, consider completion of all age-appropriate immunizations according to current immunization guidelines. Patients treated with ILUMYA should not receive live vaccines.

Adverse Reactions

The most common (≥1%) adverse reactions associated with ILUMYA treatment that were more frequent than in the placebo group are upper respiratory infections, injection-site reactions, and diarrhea.

Announcer:

For more information on ILUMYA® including the important safety information, please visit ILUMYApro.com. That's I-L-U-M-Y-A-p-r-o dot com.

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