Transcript Details
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Thinking Long Term: How Adherence and Persistence Shape Treatment Decisions in Psoriasis

Announcer:
Welcome to ReachMD. This medical industry feature, titled “Thinking Long Term: How Adherence and Persistence Shape Treatment Decisions in Psoriasis,” is sponsored by Sun Pharma. This program is intended for US healthcare professionals. The speakers have been compensated by Sun Pharma to conduct this presentation.

Here’s your host, Dr. Charles Turck.

Dr. Turck:
Hello everyone, and thanks for joining us. Today, we’ll begin by reviewing treatment adherence and persistence as a key area of consideration in the initial treatment selection and long-term management of patients with moderate-to-severe plaque psoriasis.

Then, we’ll discuss the primary drivers impacting treatment adherence and persistence before moving on to the hidden disease burdens that can undermine persistence over time. From there, we’ll consider the clinical and economic implications of treatment switching. Lastly, we’ll explore how the long-term profile for ILUMYA® may help address these mentioned challenges.

Joining me in this discussion are Drs. April Armstrong and Scott Guenthner, both of whom work with patients with moderate-to-severe plaque psoriasis.

Dr. April Armstrong is Professor and Chief of Dermatology at UCLA. Dr. Armstrong, thanks for being here today.

Dr. Armstrong:
Thank you for having me. I’m delighted to be a part of this discussion today.

Dr. Turck:
Thank you Dr. Armstrong. And Dr. Scott Guenthner is a founder, dermatologist, and principal investigator at the Dermatology Center of Indiana, The Indiana Clinical Trials Center, and Optima Dermatology. Dr. Guenthner, it’s great to have you with us.

Dr. Guenthner:
Thanks for having me, I'm excited to be here.

Dr. Turck:
Thank you Dr. Guenthner. And 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:

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Dr. Armstrong, to start us off, would you briefly share your background in dermatology, including how long you've been in practice and your experience treating patients with psoriasis?

Dr. Armstrong:
I'm a dermatologist and physician-scientist who has cared for patients with psoriasis for over 20 years in mainly an academic setting. A major focus of my work has been understanding how treatment selection, access, patient experience, and real-world effectiveness affect long-term outcomes.

In clinic, I routinely use systemic agents, including biologics and oral therapies, for appropriate patients with moderate-to-severe plaque psoriasis, so I think about not only whether a treatment can work, but whether it can remain workable for the patient over time.

Dr. Turck:
And Dr. Guenthner, what about you?

Dr. Guenthner:
I've been in practice since 2002. I initially started as a solo practitioner and have grown into a much larger group. This group spans 4 states and includes both a clinical practice and a clinical trials unit having conducted over 375 dermatology clinical trials.

Dr. Turck:
Thank you both for sharing your backgrounds. Let's begin with the moment of initial treatment selection for a patient with psoriasis. In your experience, how often do treatment adherence or persistence factor into those early conversations with patients?

Dr. Armstrong:
In clinic, those early conversations are often centered on what patients feel most urgently: how quickly a treatment may help, how much improvement they can reasonably expect, and what the safety considerations are. That is appropriate, but I also try to broaden the conversation from short-term rescue to long-term disease management.

Psoriasis is a chronic immune-mediated disease, so the right treatment choice is not only about achieving a response; it is also about whether the patient can realistically stay on the treatment safely, comfortably, and consistently. If we do not consider persistence early, we may see early improvement but still fall short of sustained disease control over time.

Dr. Guenthner:
Treatment persistence in psoriasis can be challenging, with analyses showing that more than a quarter of patients with psoriasis switch therapies within the first two years of treatment.[1] This emphasizes why treatment persistence shouldn't be an afterthought, but rather something we factor in from the very beginning of treatment selection.

Dr. Turck:
Building on what you both shared, once a patient has started therapy, what do you find most often determines whether they're able to stay on that treatment over time?

Dr. Guenthner:
Published literature show that one of the most common reasons patients discontinue or switch psoriasis therapies is a failure to maintain the initial response. Other reported drivers include inadequate initial response, ongoing disease activity, serious adverse events, cost-related barriers such as copays or insurance denial, fear of future adverse events, and the frequency of administration.[2]

Anecdotally, safety and tolerability concerns often play a key role in how patients experience treatment over time. Even relatively mild or infrequent side effects can become more meaningful if patients feel they are exchanging one burden for another. When patients don't feel well on a therapy or remain concerned about its long-term safety, this can gradually undermine persistence, even when their skin appears to be improving.

Dr. Turck:
In addition to the treatment-related factors you shared, what kinds of practical considerations can influence how consistently patients stay on a treatment?

Dr. Armstrong:
Beyond efficacy and safety, the practical friction of treatment matters. A medication may look simple on paper, but for patients it can involve pharmacy coordination, delivery logistics, storage, remembering doses, managing injections, travel schedules, work and family responsibilities, and insurance or copay issues. Over months and years, even small barriers can accumulate, particularly when dosing is frequent or the patient is expected to manage every step independently.

In practice, this can show up as delayed injections, stretched dosing intervals, missed appointments, or patients pausing therapy when

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their skin improves and restarting when symptoms return. This type of inconsistency can make it harder to maintain disease control and can create a cycle of improvement followed by relapse or dissatisfaction.

This is where continuity of care becomes important. Predictable follow-up, regular touchpoints, and clear expectations can reduce treatment burden and help patients stay engaged. In my experience, when the treatment plan feels structured and supported, rather than something patients must manage entirely on their own, long-term persistence becomes more achievable.

Dr. Turck:
As I understand it, some patients struggle to stay on therapy long term even when many of those treatment-related factors you note are addressed. From your experience, what are some of the less visible or less talked about aspects of psoriasis that can affect treatment persistence?

Dr. Guenthner:
I believe it's the hidden burdens of psoriasis—such as ongoing itch or discomfort, sometimes involving sensitive or visible areas—that often affect treatment persistence. These symptoms can take up significant mental and emotional space, negatively affecting patients' lives and contributing to a loss of confidence or concerns about stigma. This may result in social isolation or strained interpersonal relationships.[3]

Anecdotally, patients have reported feeling self-conscious, distracted in social or professional settings, anxious about how their disease is perceived, or withdrawing from social interactions altogether. Over time, this combination of physical discomfort and emotional strain can erode quality of life and disrupt daily routines or valued activities.

As these experiences accumulate, patients may begin to perceive their treatment as a failure, even if they have achieved clear or almost clear skin.[4] That disconnect between clinical assessment and lived experience can quietly undermine treatment adherence and, in some cases, lead to discontinuation. In fact, patients who switch therapies for psoriasis report worse health-related quality of life compared to those who remain on a therapy.[2]

Dr. Turck:
When patients discontinue or switch psoriasis therapies, what are the downstream clinical and practical implications over time?

Dr. Armstrong:
Based on my experience, treatment switching can introduce real clinical instability. When therapy is interrupted or changed, there may be a period in which disease control is lost, symptoms return, or rescue measures are needed. For patients, that can feel like starting over.

Each switch also brings several uncertainties: whether the next therapy will work as well, how long it will take to see improvements, whether new adverse events may occur, and whether the patient still feels confident in the treatment plan. These practical and emotional effects can be just as important as the prescription change itself.

Dr. Guenthner:
There's also a significant economic impact associated with treatment switching, largely driven by increased healthcare resource utilization.[5] When disease becomes uncontrolled during treatment transitions, patients may require more frequent clinic visits, additional lab work, rescue therapies, imaging, or other short-term interventions to regain control.

This burden can be particularly pronounced among Medicare patients, who tend to have low adherence and high discontinuation rates.[6] This is especially concerning, as this population often presents with multiple comorbidities, which complicate disease management and increase overall healthcare resource utilization.[6,7]

From a system-level perspective, these patterns translate into higher healthcare costs. For example, one study found that patients with psoriasis who switched therapies incurred an average of $60,000 in total healthcare costs over one year, approximately $10,000 more than those who remained on the same therapy.[5]

Taken together, these clinical and economic considerations highlight the value of viewing psoriasis as a chronic condition that may benefit from sustained, predictable care, rather than repeated cycles of stopping and starting therapy.

Dr. Turck:
You've both discussed how treatment-related challenges and the hidden burdens of psoriasis can affect adherence and persistence, creating challenges in long-term clinical management. With that in mind, I'd like to highlight a real-world example of a moderate-to-severe plaque psoriasis treatment that has demonstrated meaningful adherence and persistence in clinical practice.

ILUMYA is an interleukin-23 inhibitor indicated for adults with moderate-to-severe plaque psoriasis who are candidates for systemic

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therapy or phototherapy. It also has long-term clinical data extending through 5 years. ILUMYA is an HCP-administered subcutaneous injection, following a dosing schedule of two initial doses and then four maintenance doses per year,[8] and it is covered under Medicare Part B.

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

Dr. Guenthner:
ILUMYA has been particularly helpful for my patients with moderate-to-severe plaque psoriasis with a history of adherence and persistence challenges who have struggled to find a treatment that works consistently over time. For example, we see patients with moderate-to-severe plaque psoriasis who find topical therapies burdensome or are dissatisfied with symptom control, as well as those who struggle with frequent dosing schedules or self-managing their injections.

This can lead to missed doses and inconsistent disease control. For these patients, the in-office administration of ILUMYA can help to reduce some of the day-to-day demands of self-management and provide the added reassurance that they are receiving the full clinical benefit of treatment.

In addition, adherence and persistence are top of mind when we're discussing treatment options for these patients. ILUMYA may be an appropriate option, supported by its durable responses and demonstrated real-world adherence and persistence.[8–10]

Dr. Armstrong:
In the pivotal reSURFACE trials, patients treated with ILUMYA experienced significant improvement in moderate-to-severe plaque psoriasis severity. By Week 28, approximately 75% of patients achieved at least a 75% improvement from baseline (PASI 75), and those responses were durable among those who continued treatment.[8] More recently, long-term extension data have shown that this degree of response is maintained through 5 years.[9]

Dr. Guenthner:
Building on this, one analysis of a commercial claims database evaluated biologic treatment patterns over several years of follow-up, including time to treatment discontinuation, adherence, and persistence. It was found that ILUMYA was associated with longer persistence, with a median time to treatment discontinuation of nearly 22 months. Discontinuation rates were lower at 38.5%, and 69.8% of patients achieved high adherence, defined as a proportion of days covered of 80% or greater.[10]

In comparison, median time to treatment discontinuation among 3 other biologics ranged from approximately 11-18 months, with discontinuation rates between 43% and nearly 58%. The proportion of patients achieving high adherence in those groups ranged from 47% to 63%.[10]

Dr. Armstrong:
In fact, these findings were consistent with a more recent analysis I presented, which included almost 17,000 Medicare patients with moderate-to-severe plaque psoriasis treated with inhibitors to IL-23s, IL-17s, IL-12/23s, TNFs, or PDE4s in the United States. Overall, we found that 69% of Medicare patients treated with ILUMYA remained on treatment for 12 months, and 36% to 60% of patients remained on treatment across other treatment classes. Additionally, the median time to discontinuation was 29 months for patients treated with ILUMYA and ranged from 7 to 19 months for patients treated with other treatment classes.[11]

These findings highlight the role of ILUMYA as a treatment option that can support long-term consistency and durability in appropriate patients.

In practice, I've also found ILUMYA to be a good fit for my adult patients with moderate-to-severe plaque psoriasis who are looking for a treatment plan that feels sustainable over the long term. For some, it means the reassurance of receiving treatment in the office rather than managing injections entirely on their own. For other patients, that means less frequent maintenance dosing.

Dr. Guenthner:
In addition to the persistence data that Dr. Armstrong just discussed, ILUMYA also has a well-established safety profile that is comparable to placebo. In the reSURFACE trials, the safety profile was comparable to placebo, with the most commonly reported side effects being mild: upper respiratory infections in approximately 14% of patients, injection-site reactions in 3%, and diarrhea in 2%.[8] These are events we can readily monitor in the clinic, and they rarely lead to treatment discontinuation. In-office administration with ILUMYA also creates opportunities for regular patient touchpoints throughout the year to help us follow safety.

In the long-term extension studies through 5 years, no new safety signals were observed and less than 10% of patients developed anti-drug antibodies to ILUMYA during treatment. Importantly, the presence of these antibodies didn't affect safety.[8]

Overall, ILUMYA has a well-characterized safety profile, as reflected in the Prescribing Information, which does not include a boxed

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warning. Please be sure to review the full Prescribing Information for complete safety details.[8]

For some patients, a long-term safety profile combined with demonstrated adherence and persistence can reinforce confidence in their treatment plan, reduce treatment disruptions, and support long-term continuity of care for this chronic disease.

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

Dr. Armstrong:
Thank you for having me. This was a great conversation, and I hope it helps clinicians think about persistence as part of treatment selection from the very beginning.

Dr. Guenthner:
Thanks for having me.

Dr. Turck:
It was a pleasure. We covered several important topics today, particularly around the roles of adherence and persistence in the long-term management of moderate-to-severe plaque psoriasis. We discussed how treatment-related factors and disease burdens may lead to treatment disruptions over time, even when the disease appears clinically controlled.

We also reviewed the clinical and economic implications of treatment switching, and where ILUMYA may fit into a long-term management strategy focused on durability, continuity of care, and minimizing disruptions. Ultimately, psoriasis is a chronic condition that benefits from sustained and predictable treatment approaches to support long-term disease control.

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.

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, visit ILUMYApro.com. That's I-L-U-M-Y-A-p-r-o dot com.

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PM-US-ILY-3260 09/26

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