Transcript Details
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Living with Psoriatic Arthritis: A Doctor-Patient Conversation

Dr. Perkins:
Hi everyone, and welcome to another episode of the BIMZELX & Cold Brew video series, where we get real about living with inflammatory disease and what it takes to find the right treatment. I'm Dr. Perkins, a rheumatologist in Birmingham, Alabama. Today, I want to share my experience with BIMZELX and then I'll be joined by one of my patients who's on BIMZELX to share her story. As we go along, you'll notice questions coming in, and I'll be answering them throughout the video.

BIMZELX is currently approved for use in adults with active psoriatic arthritis, active non-radiographic axial spondyloarthritis with objective signs of inflammation, active ankylosing spondylitis, moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy, and moderate-to-severe hidradenitis suppurativa. I've been using IL-17 inhibitors since they first came out and I've had a lot of success with them, to the point where I use them first line in my PsA, AS, and non-radiographic axSpA patients. But even with good responses, I've seen patients left with symptoms across multiple domains. Reaching ACR50 or ASAS40 is encouraging, but it doesn't always mean they aren't experiencing symptoms. There can still be disease activity that disrupts daily life.

BIMZELX is the only approved dual inhibitor of IL-17A and IL-17F. When I heard about this option, I was really interested to see what it could do and what it would mean for my PsA patients. It's all about finding the right treatment for my patients and having another IL-17 inhibitor available is very helpful. It's important to note that the primary endpoint of ACR50 at Week 16 was achieved in the clinical trials for bio-naïve and bio-experienced patients with psoriatic arthritis. In the BE COMPLETE trial with 400 bio-experienced patients with PsA, 43% of those treated with BIMZELX achieved an ACR50 response at Week 16, compared to 7% of patients receiving placebo. In the BE OPTIMAL trial with 852 bio-naïve patients with PsA, 44% of those treated with BIMZELX achieved an ACR50 response at Week 16, compared to 10% of patients receiving placebo.

Looks like we have a question. Dr. Hibbert asks, "Which patients did you trial BIMZELX on?" When it launched in moderate-to-severe psoriasis, I used it in IL-17 inhibitor candidates who were partial responders to TNF inhibitors first. I really gained experience shortly following the launch of BIMZELX in psoriasis and then when it was approved in rheumatology. I started expanding use to my appropriate patients with PsA, AS, and non-radiographic axSpA. Now, I am using it as a first-line agent for those relevant patients.

We've got another question. Dr. Hu asks, "Where do you use BIMZELX now?" I consider BIMZELX when I'm ready to use an IL-17 inhibitor in my PsA, AS, or non-radiographic axSpA patients. Depending on the patient, sometimes they've been on a TNF inhibitor prior or they are bio-naïve. But, most importantly, it's a shared decision with my patients once we're aligned on starting an IL-17 inhibitor. Every patient is different. Of course, as clinicians, we have to weigh any benefits and risks.

Now that I've talked about my experience as a physician, I really want to pivot and introduce my patient, Dawn, to share her experience with BIMZELX. Dawn, thank you for joining us!

Dawn:
Hi! I'm really excited to be here and share my BIMZELX story.

Dr. Perkins:
And I'm so grateful you are. Dawn has been living with PsA for some time and BIMZELX has made a big difference for her. Dawn's story is one I think a lot of patients and providers will relate to. I really want to talk about when we decided to choose BIMZELX and how she's been doing since. We'll also take time to answer more questions from other clinicians.

Dawn, I want to go back to the beginning, before you knew you had PsA. Can you share what life was like early on? What were your

early symptoms and what was your life like before you knew what you had?

Dawn:
I had diffuse joint pain, crushing fatigue, and random rashes, which were, I guess, the psoriatic part of the disease. I was having a lot of pain and inflammation, and it made day-to-day activities really hard. I would have flares, one foot, then the other. It made me very uncomfortable during the workday. And the pain from the enthesitis was so bad, I was having to wear a fracture boot every day. And I had to keep taking the fracture boot on and off just to drive or go into stores.

Dr. Perkins:
I think it was really personal for us, because you worked for a really busy orthopedic practice where you had to be on your feet all day. I knew the demands of the job, and I think it was really hard acknowledging that there you were trying to help people with musculoskeletal pain, there you were struggling to stand yourself. How did you feel when you were finally diagnosed with PsA?

Dawn:
Honestly, about 10 years ago, it was a relief to finally have an answer and know what was going on with my body. You diagnosed me with psoriatic arthritis, and it made sense of the symptoms I'd been feeling for so long and we could finally start exploring treatment options.

Dr. Perkins:
So I know you had experience with other biologics last year when we started discussing BIMZELX. Had you heard of it before then?

Dawn:
No, I hadn't. I was ready to try a different treatment.

Dr. Perkins:
Since Dawn had some experience with biologics, it made the conversation a bit easier. When I prescribe BIMZELX to patients who have never taken biologics, the first hurdle is explaining biologics and injections and addressing any questions or concerns. For someone like Dawn, who has been on another biologic, I try to explain how BIMZELX works differently as a dual inhibitor of IL-17A and IL-17F by targeting two different drivers of inflammation. I cover any side effects to look out for. We discuss how patients in the clinical trials saw improvement in joint pain and stiffness, fatigue, and physical function. Next, I like to set goals for treatment.

Dawn, do you remember our discussion?

Dawn:
Yes! You're always so thorough and you never rush through our appointments. You carefully explained how BIMZELX works differently and talked me through all those potential side effects, and that conversation helped me feel ready to start a different treatment.

Dr. Perkins:
This is a good question. DrStillSearching wants to know, "What made you consider BIMZELX for Dawn and what's a fair trial?" I focus on objective measures, like swollen joint counts and imaging. For Dawn, my focus was on her enthesitis and getting her out of her boot, which was impacting her ability to work on her feet as a radiology technician.

BIMZELX data showed that 50% of bio-experienced patients with PsA who had enthesitis at baseline taking BIMZELX achieved zero sites of enthesitis at Week 16, and by Week 100, 69% of those patients achieved zero enthesitis. These results are observed case analysis where patients with missing data at a specific time were not included. The limitations of the open-label extension were that there was a lack of a comparator past Week 16, as well as the use of select study populations that were more likely to show drug effect.

Part of my discussion with Dawn about BIMZELX was weighing the risks and benefits together. Which is a perfect segue into this next question. Dr. Rivera asks, "How do you discuss the risk/benefit profile with patients?" Dawn, do you remember what we talked about when we had that discussion?

Dawn:
I do! I remember you discussing the side effects with me.

Dr. Perkins:
Exactly. So I cover any warnings, precautions, and the overall safety profile. In the BE OPTIMAL and BE COMPLETE Phase 3 trials and their open-label extension, BIMZELX demonstrated a consistent safety profile through 3 years. I reviewed the most common adverse reactions occurring in 2% or more of PsA patients, which included upper respiratory infections, oral candidiasis, headache, diarrhea, and urinary tract infections. Candidiasis cases were generally mild to moderate and most did not lead to treatment discontinuation, with zero cases of systemic candidiasis reported.

A few patients experienced serious infections, cardiovascular events, injection site reactions, and malignancies. Liver enzyme elevations occurred but resolved either during continued treatment or after discontinuation. Adjudicated IBD events occurred but were infrequent. BIMZELX is approved with no contraindications and no boxed warning. Warnings and precautions include suicidal ideation and behavior, infections, tuberculosis, liver biochemical abnormalities, and inflammatory bowel disease. I want to start talking about the results we saw when you started BIMZELX.

Dawn, what were some of your goals when we started BIMZELX?

Dawn:
My biggest goal was to move without joint pain or walk without ankle pain from my enthesitis, and to have less fatigue.

Dr. Perkins:
And did we meet those goals?

Dawn:
Yes. After a couple doses, I started to feel the difference. With the improvement in my ankle pain from the enthesitis, I can stand at concerts without being distracted by pain and enjoy simple walks in my neighborhood.

Dr. Perkins:
That's why it's so important to strive to get our patients to the lowest disease activity possible.

Dawn:
Yes. And having you be upfront about what to expect and how long it might take, what to watch for, made a huge difference. I felt like we were in it together, not me being told what to do.

Dr. Perkins:
That shared decision-making is key. Patients who feel heard and informed are more engaged, in my experience and it helps improve their treatment journey overall.

I like this question. Dr. Brown wants to know, "How soon can you tell that BIMZELX is working? What's the first sign of success?" In my experience with BIMZELX, some patients start to notice subtle changes after the first dose, like less aching or pain in their joints, though this isn't guaranteed for everyone. The BE COMPLETE study showed that 16% of bio-experienced patients with PsA taking BIMZELX achieved ACR50 by Week 4.

Dawn, when did you first realize that BIMZELX was working for you?

Dawn:
After two doses, I was starting to sleep through the night and doing daily activities without as much pain. And my psoriasis also started clearing up.

Dr. Perkins:
While listening to Dawn's experience, this question came in. Dr. M asks, "How do you evaluate when someone isn't a responder to a treatment?" Some of my patients start to see some relief as early as Week 4. Because the clinical trial primary endpoint was evaluated at Week 16, I like to allow my patient enough time to respond to a treatment. Looks like we have a question about starting patients on treatment.

Dr. Dream asks, "What was your experience getting a patient on BIMZELX? Were there any issues with access?" Our discussions are at the forefront of their mind, but the delay in the first shipment can really frustrate everyone.

Dawn, what was your experience starting BIMZELX?

Dawn:
It actually went really smoothly, and the overall process was easy. BIMZELX Navigate was helpful to get me started. I'd been on a biologic before, so I knew what to expect with the injections.

Dr. Perkins:
The access landscape is always changing. BIMZELX offers a host of different patient services for eligible patients, from the BIMZELX Navigate Bridge program to a savings card, so if my patient isn't approved right away, I let them know that there may be resources to help them access treatment and stay on it, even if insurance takes time to catch up. We have a question that brings up a good point.

Dr. Ross asks, "What impact did you see BIMZELX have after you started treatment?" For me, it was when she told me that she was able to walk without her boot, which meant that the enthesitis was improving.

Dawn:
For me, it was being able to stand in the kitchen and cook dinner without pain in my ankle. I remember calling my friend and saying, "I think I might be turning a corner."

Dr. Perkins:
Thanks for sharing, Dawn. As we wind down the conversation, I want to say with any treatment, we should be evaluating if it's doing enough. Finding the right treatment is rarely a straight line, and I always tell patients that it's a partnership. If something is not working, I want to hear about it right away. And I want them to know there are always more options to explore.

Dawn:
I never felt like I was doing it alone. You listened. You believed me. And that made it easier to keep going, even on the hard weeks.

Dr. Perkins:
I'm glad we're on this journey together.

Dawn:
Me too!

Dr. Perkins:
The stories shared today are from my experiences that I've had with my patient. Every patient is different, and individual results may vary. For more info on the clinical data on BIMZELX, please visit BIMZELXhcp.com. Thank you for joining us for this conversation, and for watching BIMZELX & Cold Brew. Please stay tuned for the Important Safety Information for BIMZELX, and see the full Prescribing Information.

Announcer:
INDICATIONS
BIMZELX (bimekizumab-bkzx) is indicated for the treatment of adults with active psoriatic arthritis, active non-radiographic axial spondyloarthritis with objective signs of inflammation, active ankylosing spondylitis, moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy, and moderate-to-severe hidradenitis suppurativa.

IMPORTANT SAFETY INFORMATION

Suicidal Ideation and Behavior
BIMZELX may increase the risk of suicidal ideation and behavior (SI/B). A causal association between treatment with BIMZELX and increased risk of SI/B has not been definitively established. Prescribers should weigh the potential risks and benefits before using BIMZELX in patients with a history of severe depression or SI/B. Advise monitoring for the emergence or worsening of depression, suicidal ideation, or other mood changes. If such changes occur, instruct to promptly seek medical attention, refer to a mental health professional as appropriate, and re-evaluate the risks and benefits of continuing treatment.

Infections
BIMZELX may increase the risk of infections, including serious infections. Do not initiate treatment with BIMZELX in patients with any clinically important active infection until the infection resolves or is adequately treated. In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing BIMZELX. Instruct patients to seek medical advice if signs or symptoms suggestive of clinically important infection occur. If a patient develops such an infection or is not responding to standard therapy, monitor the patient closely and do not administer BIMZELX until the infection resolves.

Tuberculosis
Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with BIMZELX. Avoid the use of BIMZELX in patients with active TB infection. Initiate treatment of latent TB prior to administering BIMZELX. Consider anti-TB therapy prior to initiation of BIMZELX in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Closely monitor patients for signs and symptoms of active TB during and after treatment.

Liver Biochemical Abnormalities
Elevated serum transaminases were reported in clinical trials with BIMZELX. Test liver enzymes, alkaline phosphatase, and bilirubin at baseline, periodically during treatment with BIMZELX, and according to routine patient management. If treatment-related increases in liver enzymes occur and drug-induced liver injury is suspected, interrupt BIMZELX until a diagnosis of liver injury is excluded. Permanently discontinue use of BIMZELX in patients with causally associated combined elevations of transaminases and bilirubin. Avoid use of BIMZELX in patients with acute liver disease or cirrhosis.

Inflammatory Bowel Disease
Cases of inflammatory bowel disease (IBD) have been reported in patients treated with IL-17 inhibitors, including BIMZELX. Avoid use of BIMZELX in patients with active IBD. During BIMZELX treatment, monitor patients for signs and symptoms of IBD and discontinue treatment if new onset or worsening of signs and symptoms occurs.

Immunizations
Prior to initiating therapy with BIMZELX, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid the use of live vaccines in patients treated with BIMZELX.

MOST COMMON ADVERSE REACTIONS

Most common (≥1%) adverse reactions in plaque psoriasis and hidradenitis suppurativa include upper respiratory tract infections, oral candidiasis, headache, injection site reactions, tinea infections, gastroenteritis, herpes simplex infections, acne, folliculitis, other candida infections, and fatigue.

Most common (≥2%) adverse reactions in psoriatic arthritis include upper respiratory tract infections, oral candidiasis, headache, diarrhea, and urinary tract infections.

Most common (≥2%) adverse reactions in non-radiographic axial spondyloarthritis include upper respiratory tract infections, oral candidiasis, headache, diarrhea, cough, fatigue, musculoskeletal pain, myalgia, tonsillitis, transaminase increase, and urinary tract infections.

Most common (≥2%) adverse reactions in ankylosing spondylitis include upper respiratory tract infections, oral candidiasis, headache, diarrhea, injection site pain, rash, and vulvovaginal mycotic infection.

Please see the full Prescribing Information at BIMZELXhcp.com.

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