

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/tailoring-care-for-medicare-patients-living-with-moderate-to-severe-plaque-psoriasis/24426/>

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Tailoring Care for Medicare Patients Living with Moderate-to-Severe Plaque Psoriasis

Announcer:

Welcome to *DermConsult* on ReachMD. This medical industry feature, titled "Tailoring Care for Medicare Patients Living with Moderate-to-Severe Plaque Psoriasis", is sponsored by Sun Pharma and is intended for healthcare professionals. And now, here's your host, Dr Charles Turck.

Dr. Turck:

As the array of novel therapies for plaque psoriasis expands, a strategy for dermatologists to navigate treatment options is to focus on the specific needs of different patient groups. A particularly relevant group is Medicare-aged patients, a rapidly growing population that is expected to reach 67 million, or 20% of the US population, by the end of the current decade. Today, we'll focus on a treatment option for moderate-to-severe plaque psoriasis that has particular benefits for Medicare patients.

This is *DermConsult* on ReachMD, and I'm Dr. Charles Turck. Joining me is Dr. John Koo, a Professor of Dermatology at the University of California at San Francisco School of Medicine. Dr. Koo, thanks for being here today.

Dr. Koo:

It's my pleasure. Thank you for having me.

Dr. Turck:

Before we begin, let's take a moment to review some important safety information.

Announcer:

INDICATION

ILUMYA® (tildrakizumab-asmn) is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

IMPORTANT SAFETY INFORMATION

ILUMYA is contraindicated in patients with a previous serious hypersensitivity reaction to tildrakizumab or to any of the excipients. ILUMYA may increase the risk of infection. Do not administer ILUMYA to patients with active TB infection.

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

Dr. Turck:

So now, can you tell us a bit about your experience managing Medicare patients with moderate-to-severe plaque psoriasis? How frequently do you see them in your clinic?

Dr. Koo:

I have been in dermatology practice for more than 40 years, and Medicare patients have always been a part of my patient population. This is the patient population I really do not want to use older medications with many boxed warnings. I would rather use biologic for patients aged 65 and over to minimize risks.

Dr. Turck:

You've been deeply involved in dermatology for quite some time. How have you seen the treatments evolve over the years for these

patients?

Dr. Koo:

For a long time, standard-of-care treatments for moderate-to-severe plaque psoriasis were systemic medications like methotrexate and cyclosporine. They were effective but came with toxic side effects. Then, in the early 2000s, the first biologic TNF inhibitor, became available. Now, we have several classes, including those without boxed safety warnings. But, despite this, there remains a lot of hesitation around prescribing biologics to older patients—not because of efficacy or safety issues but because of coverage difficulties. It can be onerous to prescribe most biologics for Medicare patients, partly because the US government does not allow Medicare patients to benefit from patient assistance programs.

Dr. Turck:

I can see why there might be hesitation around biologics. How do you feel about prescribing these newer treatments?

Dr. Koo:

In my experience, older patients can greatly benefit from being treated with a biologic for their moderate-to-severe plaque psoriasis, and there is one biologic, ILUMYA[®], that I find myself prescribing frequently for Medicare patients.

Dr. Turck:

I see. So what are the main reasons you prescribe ILUMYA[®] for these patients?

Dr. Koo:

First, ILUMYA[®] is the only biologic for plaque psoriasis guaranteed to be covered under the medical benefit, not prescription benefit, of Medicare, with no prior authorization and zero cost as a likely possibility.

Dr. Turck:

Well, that sounds promising.

Dr. Koo:

Second, there are multiple access options for ILUMYA[®], including alternative sites of care, like infusion centers, that manage paperwork while you retain control over the clinical management of patients. Third, ILUMYA[®] is administered by healthcare professionals, which helps optimize adherence in older patients. And then lastly, I have seen older patients experience long-lasting skin clearance through 5 years.

Dr. Turck:

So then let's dive into those points one by one. Can you tell us about how Medicare coverage for ILUMYA[®] differs from other treatment options?

Dr. Koo:

Of course. I'd like to begin by sharing the observation that the inconvenience of doing prior authorization paperwork to get a biologic has often resulted in Medicare patients being prescribed methotrexate and cyclosporine. However, older patients are more likely to have decreased kidney function, putting them at risk of renal toxicity. Therefore, it's better for older patients to avoid these drugs.

Dr. Turck:

I see, so there's more paperwork involved in getting a biologic compared to methotrexate or cyclosporine, which are also less expensive.

Dr. Koo:

Yes, that is the case with many biologics for Medicare patients. But the one you can prescribe without much paperwork is ILUMYA[®]. It has first-line coverage under the medical benefit, meaning, if you use Part B, there is no prior authorization. And if you use Part B with Medigap supplement, you can reduce the cost to zero. The process is often seamless.

Dr. Turck:

And are there any other points you think that clinicians should know about ILUMYA?

Dr. Koo:

What many clinicians may not know is that there are Medicare Part D patients who also have Medicare Part B coverage with a supplement. I would encourage clinicians who are making treatment decisions about prescribing a biologic for our Medicare-aged patients to consider both the clinical benefit as well as the coverage benefits. Yes, there is a clinical rationale for using ILUMYA[®] in this population, but what many clinicians may not realize is that the affordability changes for patients under their Medicare policy. Even if a

patient is covered for other biologics under the Part D benefit, their psoriasis treatment is part of the \$2,000 copay. With ILUMYA[®], the cost is \$0 with Medicare Part B and a supplement, and that is why it's important to fully understand the patient's Medicare coverage.

Dr. Turck:

I understand. So then, after insurance approval, the next step is getting ILUMYA[®] to the patient. What does that look like based on your experience?

Dr. Koo:

The two options for acquiring ILUMYA[®] for Medicare patients are Buy and Bill and alternative site of care. If you prefer to receive and administer the drug in your own office, you can use Buy and Bill to purchase the medication directly, administer it to the patient during an in-office appointment, and later submit a bill to insurance for reimbursement. However, another option is to minimize administrative work for your office by referring the patient to an infusion center, which is also called alternative site of care.

Dr. Turck:

What types of practices might benefit from using each of these options?

Dr. Koo:

If your office has a smaller staff, perhaps without someone dedicated to doing the paperwork for biologic, alternative site of care may be very useful. If your office is larger, with an experienced staff who understands billing procedure, Buy and Bill may be a great option for you. I know that ILUMYA[®] reimbursement specialists can help you decide which option is best for you and make the process for prescribing ILUMYA[®] as seamless as possible.

Dr. Turck:

Which approach do you recommend?

Dr. Koo:

My preference is to use alternative site of care and let me tell you why. The main reason is that it minimizes paperwork for my office while allowing me to retain control over the care of my patients. After I refer the patient out, the alternative sites of care are in communication with my office about when the patient received ILUMYA[®]. And if any follow-up is needed, that happens in my office.

Dr. Turck:

Can you tell us more about the challenges addressed by using alternate sites of care?

Dr. Koo:

Sure. There's a learning curve involved in getting to know how to bill ILUMYA[®] to the medical benefit which the staff may not be aware of. On the other hand, alternative sites of care are equipped to successfully navigate the insurance process, so they get it done efficiently.

Dr. Turck:

What are some of the benefits of alternate sites of care for patients?

Dr. Koo:

Patients like alternative site of care because they can visit the locations that are most convenient for them. They can choose an infusion center that is close to their house and has expanded hours compared to their doctor's office. If the patients are traveling or live in other states for part of the year, they can find infusion centers wherever they are. ILUMYA[®] representative can also help you locate an alternative site of care that works for your patients.

Dr. Turck:

For those just tuning in, you're listening to DermConsult on ReachMD. I'm Dr. Charles Turck, and today I'm speaking with Dr. John Koo about ILUMYA[®] for Medicare patients with moderate-to-severe plaque psoriasis.

So, Dr. Koo, you mentioned earlier that you found that prescribing ILUMYA[®] is preferable for Medicare patients because it's administered by healthcare professionals. Can you tell us more about that?

Dr. Koo:

Older patients often experience physical challenges like arthritis, tremors, and reduced eyesight, often making administration of drugs to themselves difficult.

Dr. Turck:

I can see how that might be challenging for older patients.

Dr. Koo:

There are also non-physical challenges, including memory impairment or senility, which may cause them to forget to take their medications.

Dr. Turck:

So adherence challenges as well.

Dr. Koo:

Exactly. And there are also logistical challenges with ordering and arranging for home delivery.

Dr. Turck:

Are there any other reasons that administration by healthcare professional would be preferable for Medicare patients?

Dr. Koo:

Well, something that is true of patients, regardless of age, is the significant numbers uncomfortable with self-injection due to fear of needles. In my experience, I find that many patients are more compliant and more comfortable if a healthcare professional administer their injectable medications for them.

Dr. Turck:

Now, your fourth and final reason for prescribing ILUMYA® is its efficacy and safety profile. So what do we need to know about the clinical data?

Dr. Koo:

I consider the efficacy of ILUMYA® to be excellent. In the pivotal reSURFACE trials, patients treated with ILUMYA® had substantial PASI responses. At Week 12, patients were, on average, 83 percent clearer from baseline. And that was sustained through Year 1 and Year 5, when patients were, on average, 96 percent and 94 percent clearer, respectively. Psoriasis is a long-term disease, so I like to find the drug that works for patients from the beginning and continue to work for the long term.

Dr. Turck:

That sounds very reasonable.

Dr. Koo:

Moving on to data in Medicare-aged patients, an analysis of the reSURFACE trials examined efficacy and safety in patients aged 65 years and older versus patients younger than 65 years for up to a 5-year period. It found consistent long-term improvement in PASI scores and regardless of age. Overall, there were favorable tolerability profile in both age groups, and adverse events were consistent with the rate observed in other clinical trials with biologics. In terms of infection-related adverse events, both age groups share a similar safety profile, with the highest incidence of nasopharyngitis and other respiratory tract infections.

Dr. Turck:

That's an important point to consider. Can you tell us more about safety?

Dr. Koo:

Of course. There are some noteworthy points about safety. The most common adverse reactions seen in the clinical trials were upper respiratory tract infections, which occurred in 14 percent of the patients, injection-site reactions in 3 percent of the patients, and diarrhea in 2 percent of the patients. In my opinion, these are very manageable for patients. You should also know that the ILUMYA® Prescribing Information does not contain certain warnings that come with other biologic classes, such as cardiac disease, malignancy, suicidal ideation, irritable bowel disease, or demyelinating disease. And there is no boxed warnings for serious infections unlike other treatments. This is meaningful for older patients, for whom safety is top of mind.

Dr. Turck:

Well, Dr. Koo, we're almost out of time for today. But before we close, what key points do you want our listeners to take away from our discussion?

Dr. Koo:

From my extensive experience with ILUMYA®, there are four important advantages I have seen for Medicare patients. First, ILUMYA® is the only biologic for plaque psoriasis guaranteed to be covered under the medical benefit, not the prescription benefit, of Medicare, with no prior authorization and zero cost as a likely possibility. Second, there are multiple access options for ILUMYA®, including

alternative site of care that manage paperwork while you retain control over clinical management of the patients. Third, ILUMYA® is administered by a healthcare professional, which help optimize adherence in older patients. And finally, with ILUMYA®, patients experience long-lasting skin clearance through 5 years, including in patients aged ≥65, with no boxed warnings and 3 side effects that were more frequent than in the placebo group and that were observed in a minimum of 1% of patients. These are the reasons why I tend to prescribe ILUMYA® for this patient population.

Dr. Turck:

Thanks for reinforcing those takeaways, Dr. Koo, and for helping us better understand ILUMYA® for Medicare patients. It was great speaking with you today.

Dr. Koo:

Thank you. It was great speaking with you as well.

Dr. Turck:

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

Announcer:

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

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®, please visit ilumyapro.com. That's I-L-U-M-Y-A-p-r-o dot com. This Medical Industry Feature was sponsored by Sun Pharma.

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Dr. Turck:

And are there any other points you think that clinicians should know about ILUMYA?

Dr. Koo:

What many clinicians may not know is that there are Medicare Part D patients who also have Medicare Part B coverage with a supplement. I would encourage clinicians who are making treatment decisions about prescribing a biologic for our Medicare-aged patients to consider both the clinical benefit as well as the coverage benefits. Yes, there is a clinical rationale for using ILUMYA® in this population, but what many clinicians may not realize is that the affordability changes for patients under their Medicare policy. Even if a patient is covered for other biologics under the Part D benefit, their psoriasis treatment is part of the \$2,000 copay. With ILUMYA®, the cost is \$0 with Medicare Part B and a supplement, and that is why it's important to fully understand the patient's Medicare coverage.

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