

Medication adherence to Psoriasis Treatments: a Real World Data study

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BACKGROUND AND IMPORTANCE

Medication adherence is essential for disease management and can significantly improve outcomes and quality of life. Levels of adherence to psoriasis treatments, are often inadequate leading to adverse health outcomes and increased costs.

AIM AND OBJECTIVES



The aim was to assess adherence to treatment of patients with psoriasis in a real-world setting

MATERIALS AND METHODS



Incident subjects with at least one prescription of **biologic drug therapy for psoriasis** (including apremilast) and/or with a psoriasis diagnosis were identified from the Campania-Regional-Database in 2017-2019 and followed for 1-year from the index-date.



The **three phases of the adherence process** were assessed as per **EMERGE guidelines**: *Initiation*, expressed in terms of number of treatment plans prescribed/dispensed; *Implementation*, in terms of switch and swap rates; *Discontinuation*, in terms of drug interruption within 6- and 12-months, stratified by biologic drug therapy.

RESULTS

- ✓ The study included **811 subjects** (mean age: 49.2±16,3 years), 60% male.
- ✓ **Suboptimal levels of adherence** were discovered: **20%** of patients did not start the prescribed drug therapy (*initiation phase*);
- ✓ **Swap rates** were about **13.1%** with an average time to swap at 1-month (29±84.8 days) (*implementation phase*);
- ✓ Overall, **51.5%** of subjects **interrupted biologic drug therapy** within 87.5±127.7 days (*discontinuation phase*);
- ✓ Subjects treated with anti-IL17 and anti-IL23 resulted in the higher adherence levels.

Figure 1. Swap therapy patterns

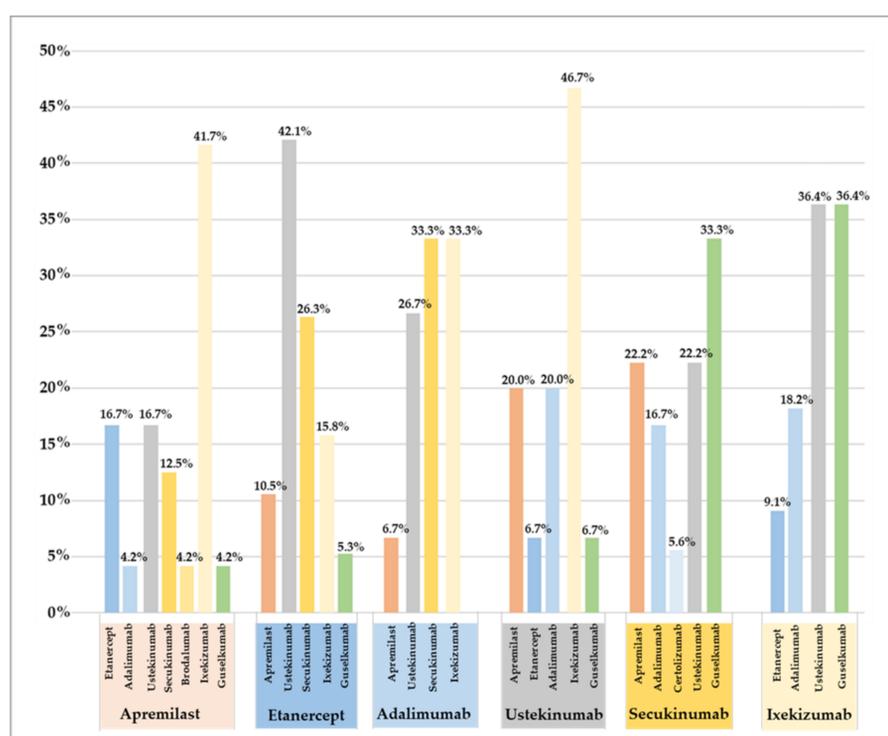
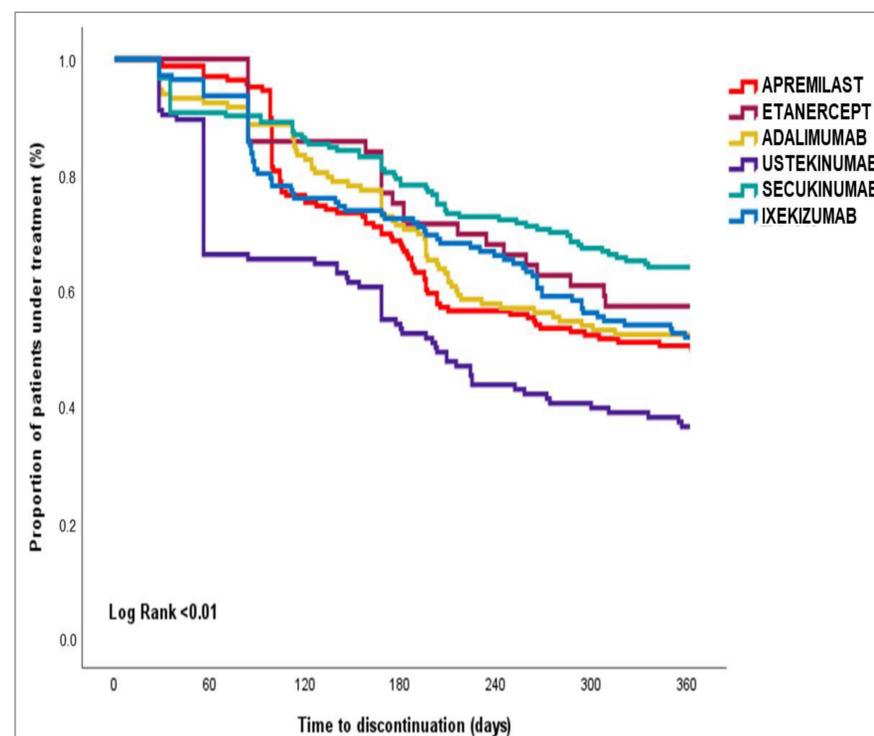


Figure 2. One year medication persistence rates to psoriasis treatments



CONCLUSION AND RELEVANCE

Findings revealed low levels of medication adherence for patients with psoriasis. Namely, half of them discontinued treatment within 3 months. Higher levels of adherence were detected for patients treated with anti-IL17 and anti-IL23. Further studies are needed to investigate predictors of medication non-adherence focusing on the discontinuation phase.