

# 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

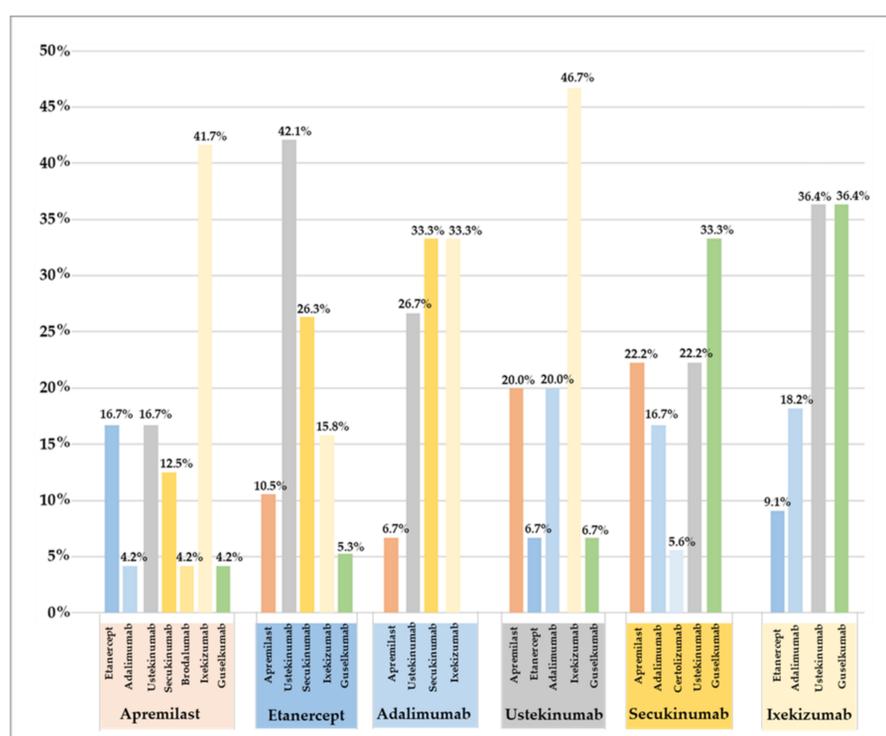
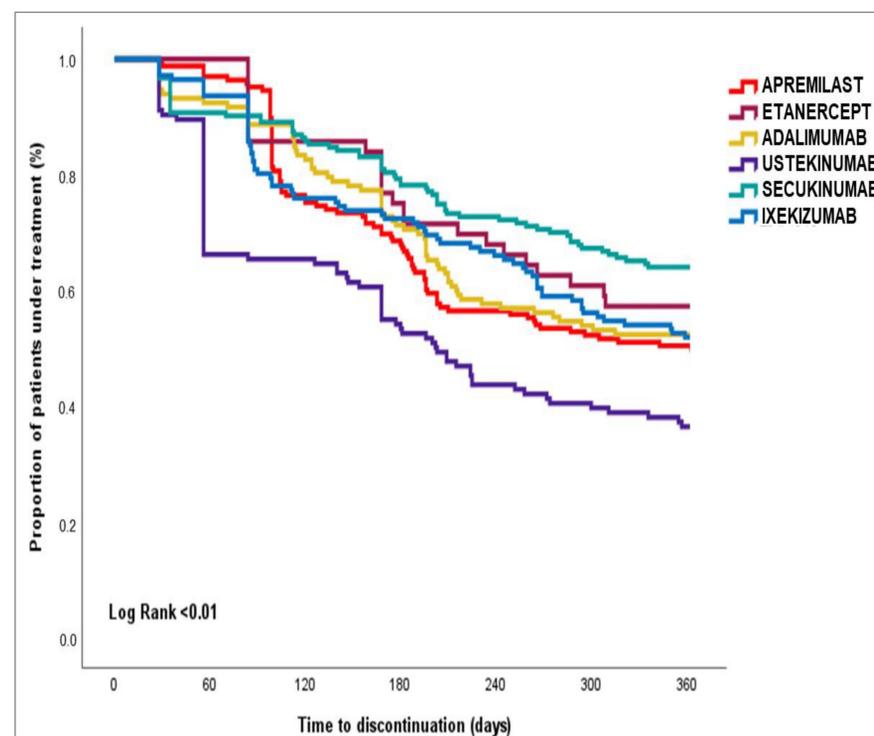


Figure 2. One year medication persistence rates to psoriasis treatments



## 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.