

Insights on Oral Therapies for Psoriasis: A Medical Science Liaison Administered Questionnaire

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Key Takeaways

In this MSL-administered questionnaire, a representative sampling of US dermatology providers reported using advanced oral therapies in patients with moderate-to-severe psoriasis as a 'step-up' option after topical failure

Responses by most providers support that there remains an unmet need to develop more efficacious, safe, easy-to-use, novel oral treatments for psoriasis patients who are candidates for systemic treatment

Background

- Significant advances have been made in the development and approval of many treatment options for moderate-to-severe psoriasis
- While biologic therapies are highly effective and safe, many patients may prefer using an oral treatment option
- Adoption of advanced treatments has significantly increased over time; however, many patients are still treated exclusively with conventional therapies
- A number of oral treatment options with potentially improved efficacy and safety profiles relative to available options are currently in development

Objective

To garner insights from dermatology providers regarding the use of advanced oral therapies in clinical practice

Methods

- Dermatology providers who treat psoriasis in the United States (US) were invited to complete a questionnaire facilitated by their respective Medical Science Liaison (MSL)
- Provider responses were stratified by practice pattern based on prescribing practices (Table 1)
- Provider preferences and considerations were collected regarding:
 - Role of oral therapies in their psoriasis treatment paradigm
 - Barriers for using oral therapies
 - Drivers for using oral therapies
 - Preferred patient types for oral therapies

Table 1. Definitions of HCP Practice Patterns and Oral Therapies

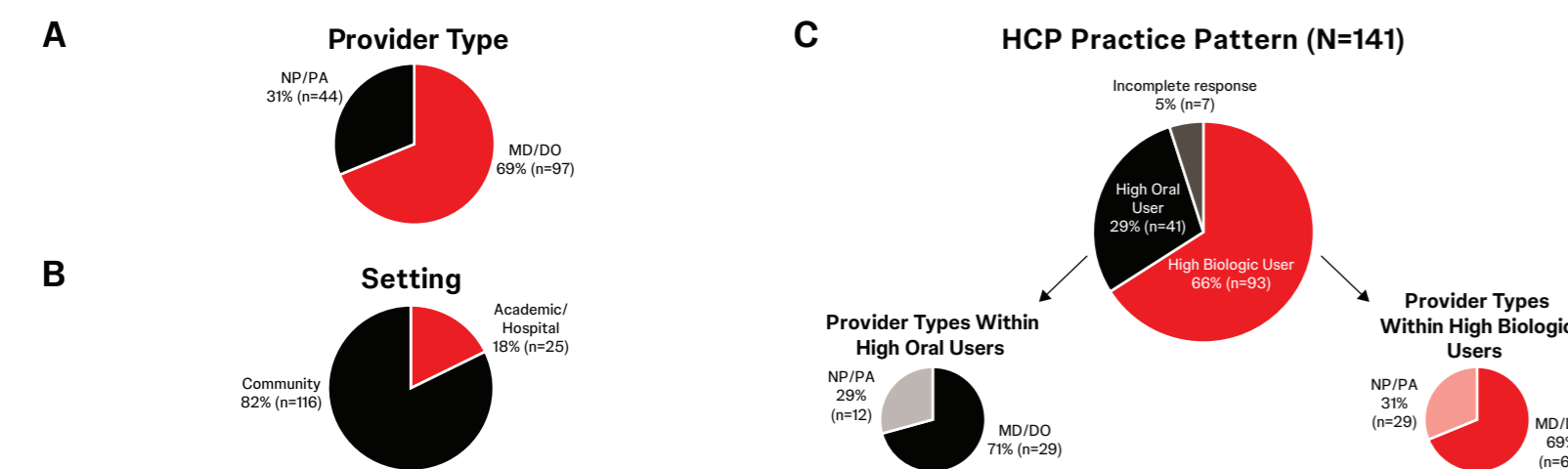
Term	Definition
HCP practice pattern based on prescribing practices	
High Oral Users	Predominant first-line use of advanced oral therapies
High Biologic Users	Predominant first-line use of interleukin-23 inhibitors
Oral therapies	
Current orals	Deucravacitinib and apremilast
Future orals	New investigational therapies in development
Any oral	Current and future orals

HCP=healthcare provider.

Results

- A total of 141 dermatology providers completed the questionnaire:
 - The majority were doctors of medicine (MDs) or doctors of osteopathic medicine (DOs) (Figure 1A)
 - Community practice was the most common setting (Figure 1B)
 - There were approximately twice as many High Biologic Users than High Oral Users (Figure 1C)
 - Consistent proportions of provider types were observed among High Oral Users and High Biologic Users

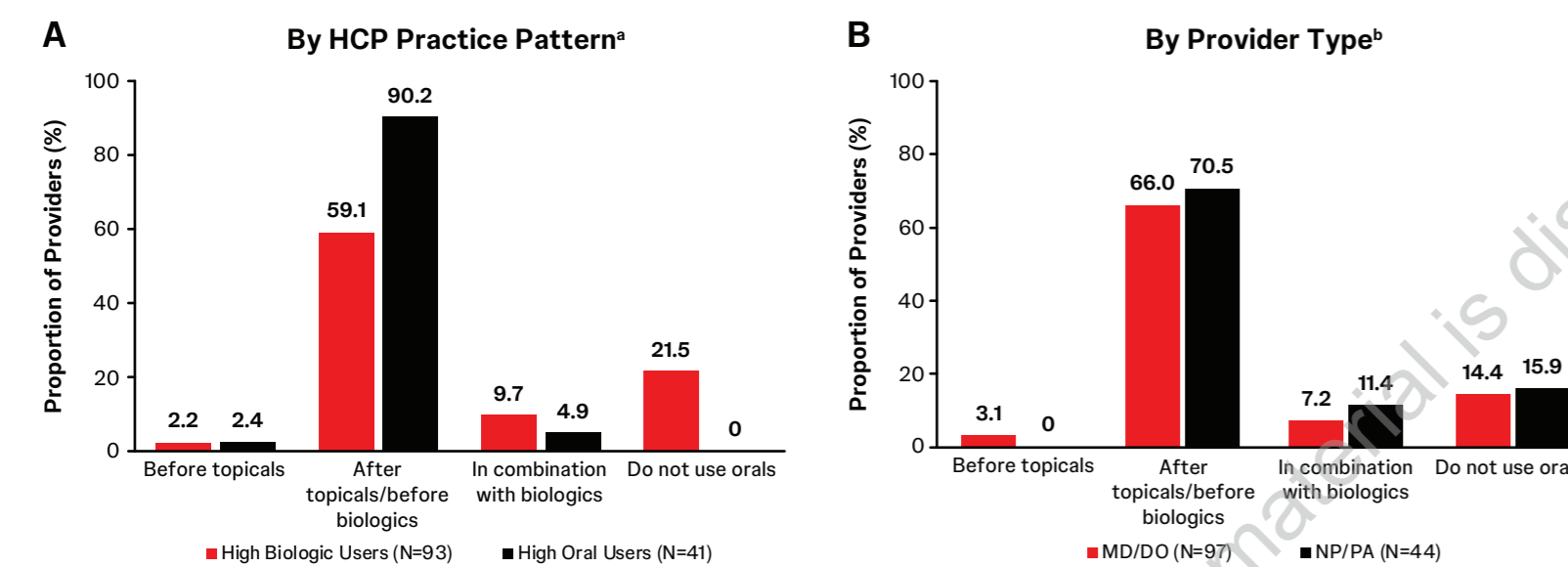
Figure 1. Dermatology Providers by (A) Type, (B) Setting, and (C) HCP Practice Pattern Based on Prescribing Practices



NP=nurse practitioner; PA=physician's assistant.

- A majority of High Oral Users and over half of High Biologic Users preferred to use orals after topicals and before biologics, consistent with the established 'step-up' treatment paradigm (Figure 2A)
- Trends were similar across dermatology provider types (MD/DO vs. NP/PA) (Figure 2B)

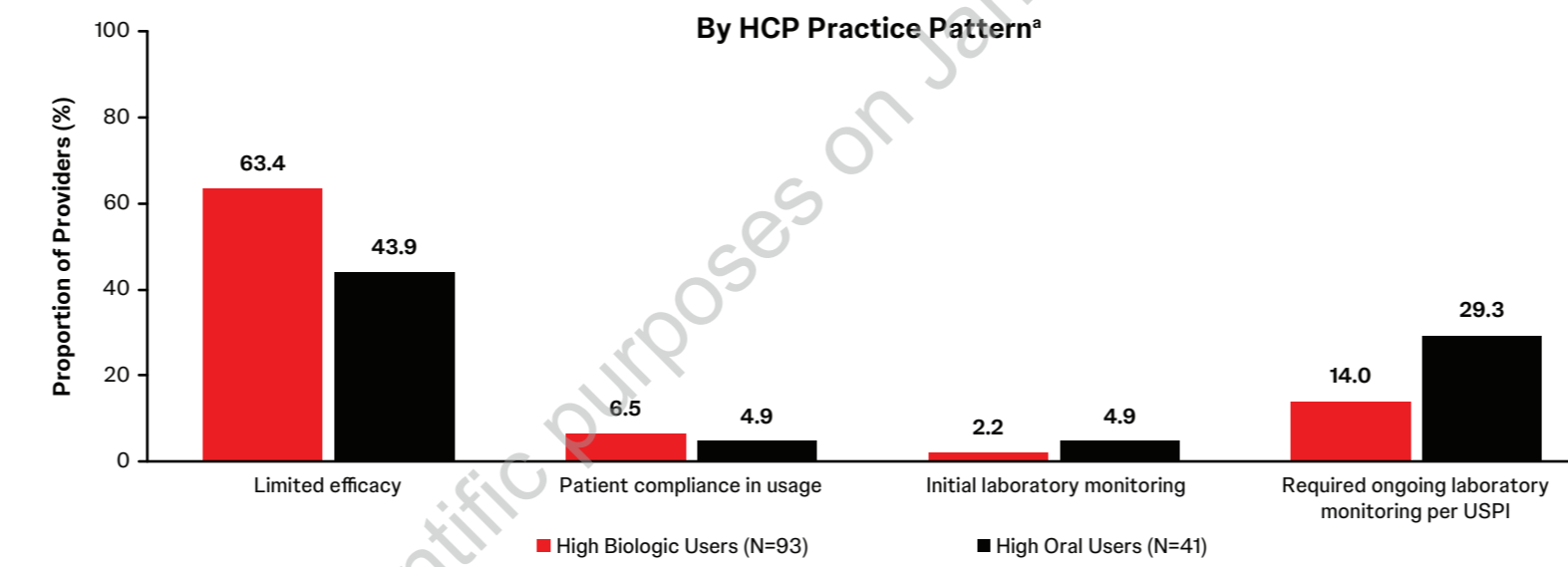
Figure 2. Where do current orals best fit in your treatment paradigm for psoriasis? (Select one)



*75% of High Biologic Users and 2.5% of High Oral Users did not respond to this question; *9.3% of MD/DOs and 2.3% of NP/PAs did not respond to this question.

- Most providers reported limited efficacy or required ongoing laboratory monitoring per United States Package Insert (USPI) as the leading barriers for using any oral therapy (Figure 3)

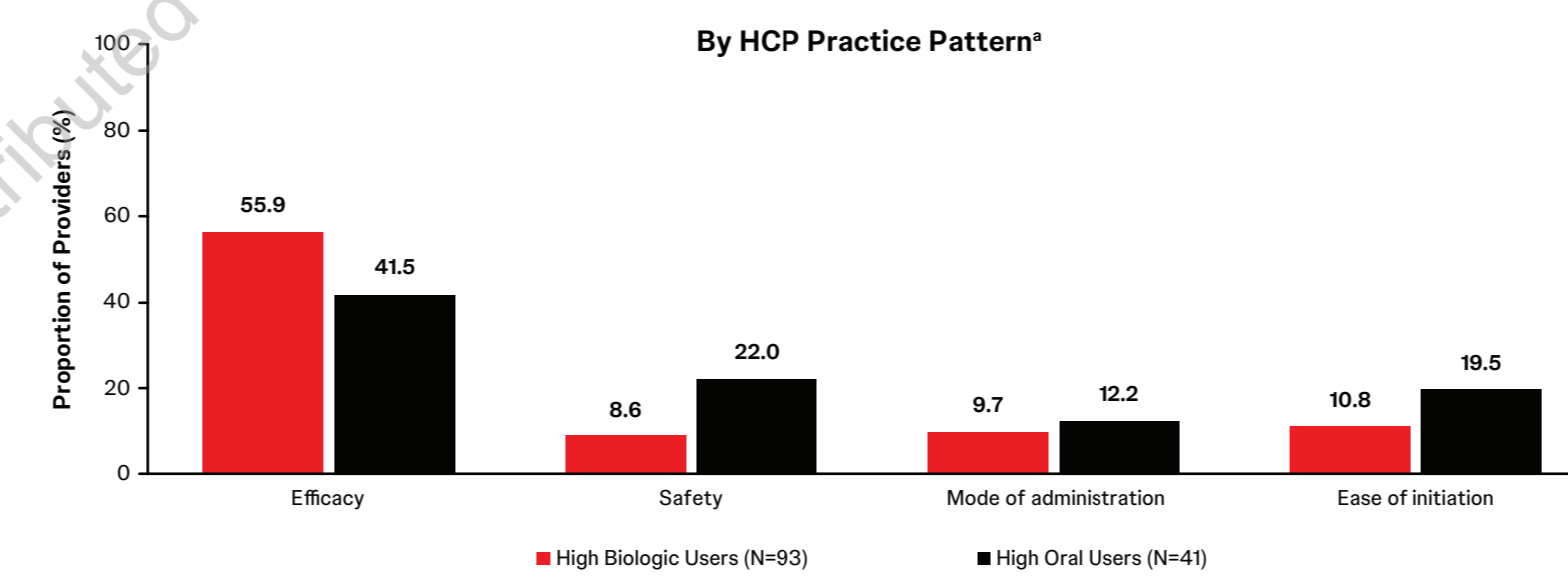
Figure 3. What would prevent you the most from using any oral therapy for the treatment of psoriasis? (Select one)



*14.0% of High Biologic Users and 17.1% of High Oral Users did not respond to this question.

- Most providers identified efficacy as their strongest motivator for using any oral therapy, followed by safety and ease of initiation (Figure 4)

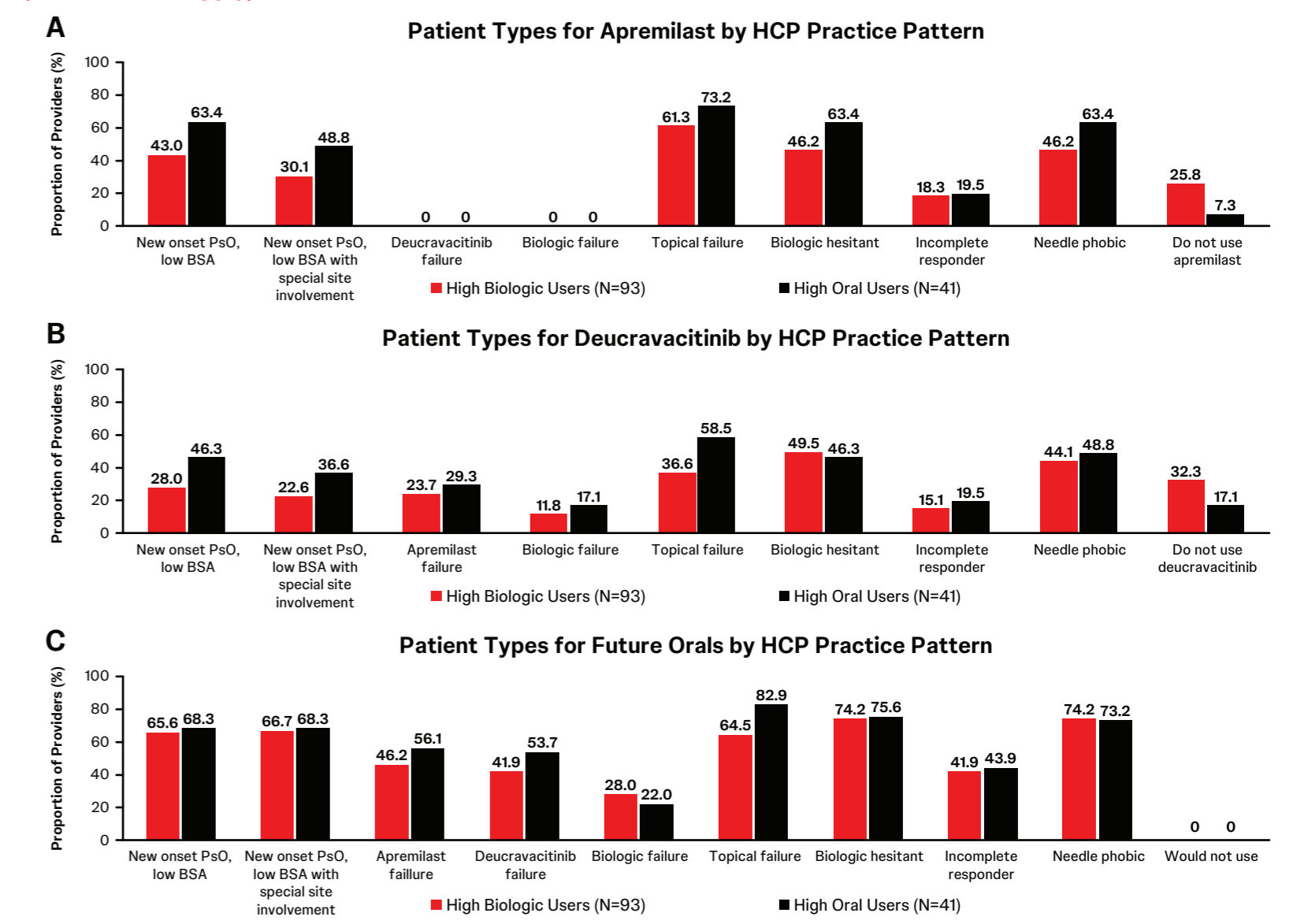
Figure 4. What would drive you the most to using any oral therapy for the treatment of psoriasis? (Select one)



*15.1% of High Biologic Users and 4.9% of High Oral Users did not respond to this question.

- Patients experiencing topical failure, biologic hesitancy, or needle phobia were the most likely to be considered for any oral therapy use among either High Oral Users or High Biologic Users (Figure 5)
- The majority of surveyed HCPs identified apremilast as their preferred oral therapy to date
- High Oral Users were consistently more likely to use current orals than High Biologic Users
- When asked to consider future oral therapy options, both High Oral and High Biologic Users indicated they would increase medical adoption of future oral therapies across all patient types
- When asked to consider future oral therapy options, High Biologic Users were just as likely to use a future oral therapy as High Oral Users

Figure 5. Which patient type would you consider for (A) apremilast, (B) deucravacitinib, or (C) future orals? (Select all that apply)



BSA=body surface area; PsO=psoriasis.