

Real-world treatment patterns, persistence and subsequent treatment following oral therapy discontinuation for psoriasis in Japan

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Background

- Psoriasis is a chronic immune-mediated inflammatory skin disease that may require systemic therapy when topical treatments or phototherapy are inadequate.
- Advanced oral therapies (AOTs) became available in Japan with the introduction of apremilast in March 2017.
- However, real-world treatment patterns of oral therapies used in Japanese psoriasis care remain incompletely characterized.

Objectives

- To describe real-world treatment pattern, persistence, and subsequent treatment patterns of currently available oral therapies for psoriasis in Japan following the introduction of of apremilast, the first AOT available in Japan.

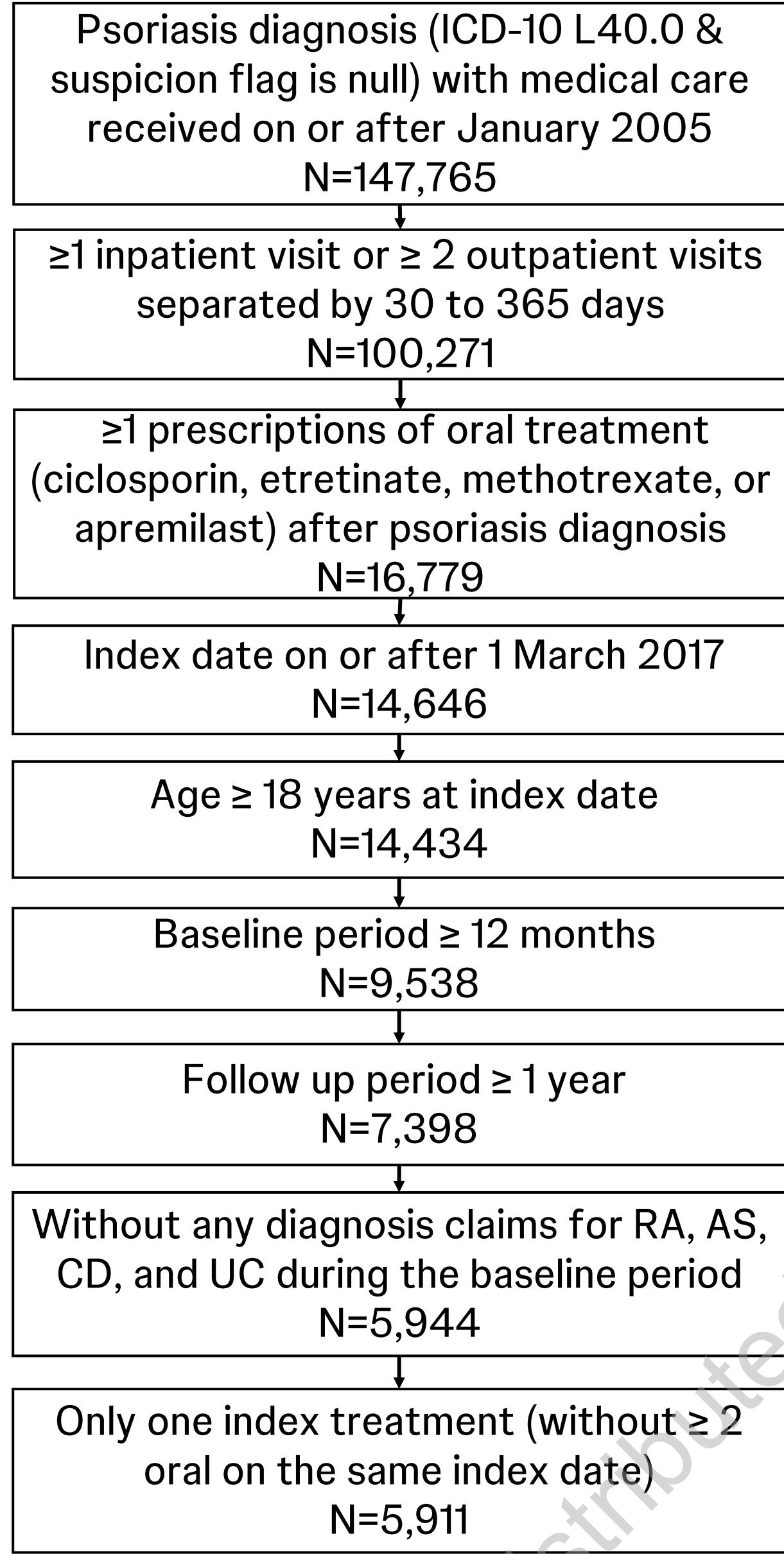
Methods

- Study design:** retrospective cohort study
- Data source:** Japan Medical Data Center (JMDC) claims database, between 1 January 2005 and 30 June 2025.
- Study population:** Adult patients with psoriasis whose first observed prescription for an eligible oral therapy (index oral therapy) occurred on or after 1 March 2017. Eligible oral therapies included ciclosporin, etretinate, methotrexate, and apremilast. Deucravacitinib was excluded because of limited follow-up after its introduction in Japan.
- Index date:** the date of the first prescription for the first oral treatment.
- Baseline:** 6-month prior to the index date.
- Follow-up period:** from the index date until disenrollment or study end (30 June 2025)
- Persistence:** defined as the time from the index date to treatment discontinuation (≥90-day gap) or modification, including switching to another systemic therapy or escalation with the addition of another oral therapy or biologic (Fig. 1). Persistence was assessed in the overall oral therapy cohort, with descriptive estimates for apremilast initiators presented as a benchmark for currently available advanced oral therapy in Japan.
- The treatment-free interval:** defined as the time from discontinuation of the index oral therapy to initiation of any subsequent psoriasis treatment, including topical therapy, phototherapy, oral therapy, or biologic therapy. The probability of remaining treatment-free at 3 and 6 months following discontinuation was estimated.

Results

A total of 5,911 patients with psoriasis initiated oral therapy after March 2017 were included

Fig 2. Patient selection flowchart



Footnotes. Abbreviations in alphabetical order. AS, ankylosing spondylitis; CD, Crohn's disease; ICD, International Classification of Diseases version 10; N, number of patients; RA, rheumatoid arthritis; UC, ulcerative colitis.

Table 1. Baseline characteristics and initial oral therapy

Baseline Characteristics		Study cohort (N = 5,911)
Demographics		
 Age, yrs (mean ±SD)		48.6 ± 11.2
 Male		69.5%
Disease Characteristics		
 Disease duration, yrs		
mean (SD)		2.2 (2.6)
median (Q1,Q3)		1.3 (0.1, 3.3)
Patients with psoriatic arthritis		4.0%
Common comorbidities		
Hypertension		23.5%
Hyperlipidaemia		23.0%
Diabetes		7.4%
Depression		5.2%
Hospital bed size classification		
Small clinics (0-19 beds)		66.4%
Hospital ≥ 20 beds		33.6%
First broad systemic treatment on the index date		
 Apremilast		57.8%
Ciclosporin		25.0%
Etretinate		11.3%
Methotrexate		5.9%

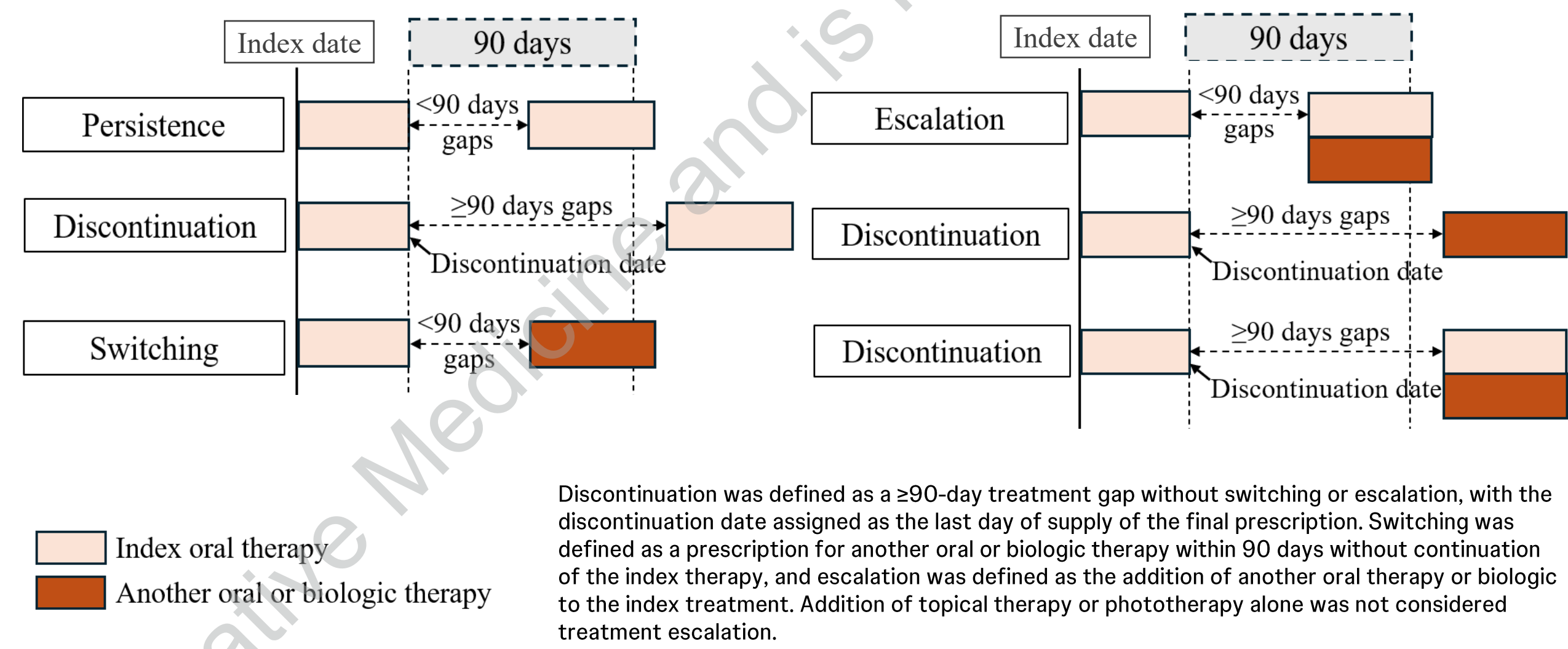


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Key Takeaways

- In real-world clinical practice in Japan, persistence with currently available oral therapies for psoriasis was modest, with most patients requiring subsequent treatment within 6 months after discontinuation.
- These findings highlight limitations of current oral treatments and an unmet need for more effective and safe oral treatment options with improved durability of treatment benefit.

Fig 1. Illustration of treatment persistence, discontinuation, switching, and escalation



Treatment persistence

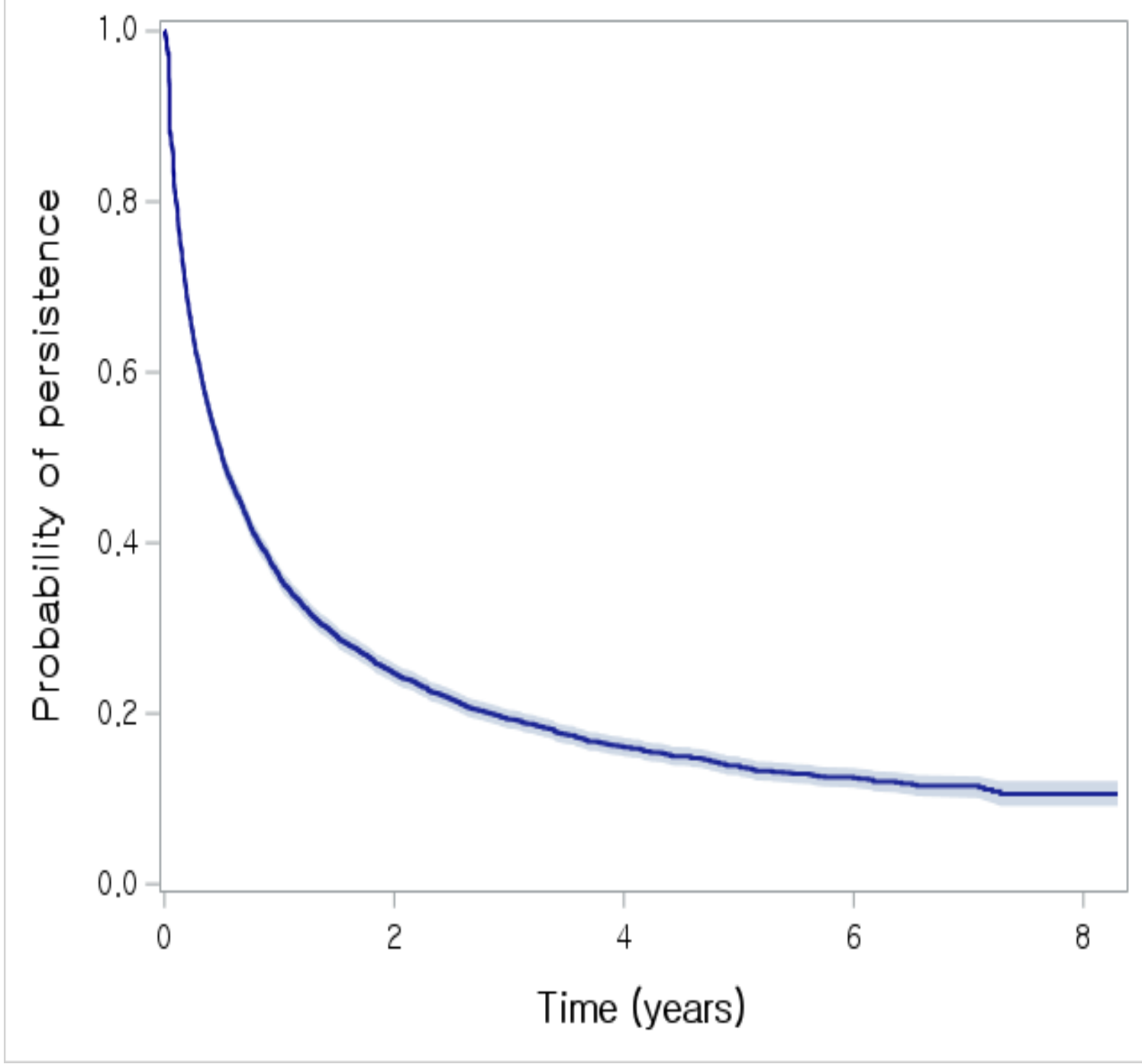
Overall Oral Therapies

- Patients initiating oral therapy (N=5,911): median follow-up from index date 3.5 years
- Overall, 80.5% of patients were non-persistent (66.5% discontinued, 8.8% switched, and 5.2% escalated treatment), while 19.5% remained persistent through follow-up.

Time after initiation	Persistence, % (95% CI)
6 months	49.9% (48.7%-51.3%)
12 months	36.0% (34.8%-37.2%)

Median Persistence (95% CI) Overall 0.50 yrs (0.48-0.54)

Fig 3. Treatment persistence of oral therapies



Advanced Oral Therapy Benchmark (Apremilast) Persistence among apremilast initiators

Outcome	Estimate (95% CI)
6-month persistence	57.2% (55.6%-58.9%)
12-month persistence	40.1% (38.2%-42.0%)
Median persistence	0.72 (0.66-0.77) years

Presented descriptively as a real-world benchmark for currently available advanced oral therapy in Japan; not intended for comparison with other oral therapies.

Treatment following discontinuation of index oral therapy

- Among the 3,930 patients (66.5%) who discontinued the index oral therapy: median post-discontinuation follow-up 3.0 years

Time after discontinuation	Probability of no subsequent psoriasis treatment, % (95% CI)
6 months	24.9% (26.3%-23.65)
12 months	14.7% (15.9%-13.6%)

Median Time to Subsequent Psoriasis Treatment (95% CI) 0.19 yrs (0.17-0.21)

Most patients initiated another psoriasis treatment within 6 months after discontinuation.

Fig 4. Time to Subsequent Psoriasis Treatment

