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6-month real world study to assess the effectiveness of ixekizumab after switching from IL-23 inhibitors and other biologic therapies: The CorEvitas Psoriasis Registry

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OBJECTIVE

- To assess the 6-month effectiveness of ixekizumab following a switch from any biologic and separately by prior biologic class (TNFi or IL-12/23i, non-IXE IL-17i, IL-23i)

CONCLUSIONS

- These findings reaffirm that real-world effectiveness for patients with psoriasis who switch to IXE after discontinuing another biologic demonstrate improvement in disease severity and patient-reported outcomes at 6-months follow-up
- Although patients who switched class (from a TNFi or IL-12/23i, or IL-23i) were more likely to achieve response for some disease severity outcomes compared to patients who switched from another IL-17i, improvements in outcomes were largely similar irrespective of the prior biologic class

STRENGTHS AND LIMITATIONS

- The CorEvitas Psoriasis Registry provides a unique resource of large sample size, and longitudinal follow-up on the real-world use of biologic drugs in the US and Canada with clinical (e.g. disease activity scores) and patient-reported outcomes data that are not available in claims database
- Our findings are subject to limitations inherent in all observational studies, including the potential for unmeasured confounding and unknown patient factors linked to healthcare access

SUMMARY OF RESULTS

- 54%, 41%, and 31% of patients who switched from another biologic and initiated ixekizumab achieved PASI75, PASI90 and PASI100, respectively
- 72% of patients maintained or achieved PASI≤3 and 74% of patients maintained or achieved BSA≤3% or experienced at least 75% improvement in BSA
- 48% maintained or achieved DLQI 0/1

Figure 1. Proportion of patients achieving outcomes at 6-months among PsO patients who initiated ixekizumab after switching from another biologic

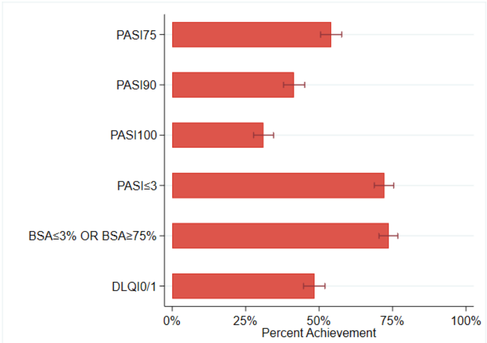
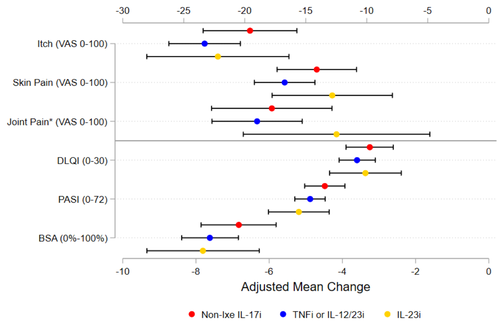


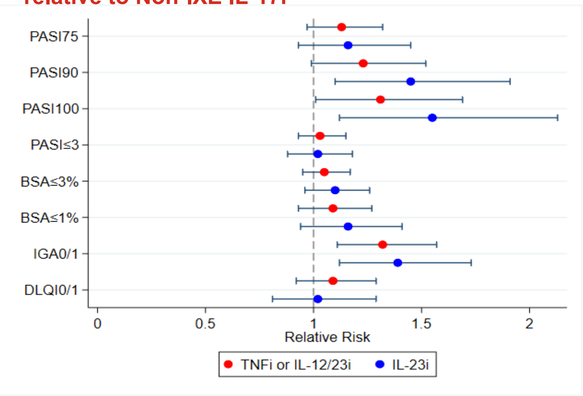
Figure 2. Mean changes in BSA, PASI and PROs at 6 months among IXE initiators by prior biologic class



Mean changes in BSA, PASI and PROs (Figure 2)

- Significant improvement (p<0.001) in patient-reported itch, skin pain, joint pain* (among those with PsA), DLQI, PASI and BSA were observed (mean change -22.2, -12.8, -12.5, -3.4, -5.2 and -7.8 respectively), for IXE patients who switched from IL-23i
- Statistically significant changes in those outcomes were also observed for IXE patients who switched from non- IXE IL-17i or from the TNFi or IL-12/23i
- Mean changes in outcomes between prior biologic class were not statistically significant

Figure 3. Adjusted relative risks for maintaining/achieving disease and PRO response, relative to Non-IXE IL-17i



Compared to the prior non-IXE IL-17i group (Figure 3)

- The prior TNFi or IL-12/23i group was 31% more likely to achieve PASI100
- The prior IL-23i group was 45% more likely to achieve PASI90, 55% more likely to achieve PASI100 and 39% more likely to achieve IGA 0/1

BSA=body surface area (% involvement); DLQI=Dermatology Life Quality Index; PASI75=Psoriasis Area Severity Index 75% improvement; PASI90-Psoriasis Area Severity Index 90% improvement; PASI100=Psoriasis Area Severity Index 100% improvement

Background

- Prior work (Lockshin, 2022) showed that patients from the CorEvitas Psoriasis Registry who had previously failed a prior biologic and then initiated ixekizumab (IXE) demonstrated improvements in disease severity and patient-reported outcomes after 6 months
  - However, due to limited sample size, effectiveness of ixekizumab in patients switching from specific, newer biologic classes such as IL-23 inhibitors were not considered
- Since 2020, the CorEvitas Psoriasis Registry has continued to grow, with more follow-up and increasing number of patients initiating newer biologic therapies, facilitating the examination of the effectiveness of ixekizumab after a switch from an IL-23i or other biologics

Description of the CorEvitas Psoriasis Registry

- The CorEvitas Psoriasis Registry is a prospective, multicenter, non-interventional registry, launched in April 2015, for patients with psoriasis under the care of a dermatologist
- Longitudinal follow-up data is collected from both patients and their treating dermatologists during routine clinical encounters
- The Registry currently (as of 1/31/2023) includes 264 private and academic clinical sites with 605 physicians throughout 48 states/provinces in the US and Canada
  - The Registry has enrolled 18,530 patients with psoriasis.

.References: J. Lockshin. 2022. "Outcomes in Ixekizumab Patients Following Exposure to Secukinumab and Other Biologics in the CorEvitas Psoriasis Registry." Dermatology and Therapy 12: 2797–2815. doi:10.1007/s13555-022-00834-7.

Study Design

Study Population

- CorEvitas Psoriasis Registry patients (n=743) who initiated IXE after discontinuing another biologic therapy, and those who had a corresponding 6-month follow-up visit following IXE initiation (2016-2022) were used in this study
- Immediate prior biologic class groups were classified as: 1) TNFi (adalimumab, certolizumab, etanercept, infliximab, golimumab) or IL-12/23i (ustekinumab); 2) Non-IXE IL-17i (secukinumab, brodalumab); 3) IL-23i (guselkumab, tildrakizumab, risankizumab)

Statistical Analysis

- Relative risks (RR) and 95% confidence intervals (CI) estimating the likelihood of response in prior biologic class relative to non-IXE IL-17i group for response outcomes were calculated using modified-Poisson regression, adjusting for age, sex, race, psoriasis duration, psoriatic arthritis, number of prior biologics and baseline disease outcome measure
- Adjusted mean changes in itch, skin pain, joint pain* (among those with PsA), DLQI, PASI and BSA and were calculated for prior biologic class groups (ANCOVA)

Patient Demographics at Baseline Visit

- Overall, mean age was 51 years, 51% were female, and 79% were white (Table 1)
- Patient demographics, lifestyle characteristics and comorbidity burden largely similar across prior biologic class

BSA=body surface area; DLQI=Dermatology Life Quality Index; IGA=Investigator's Global Assessment; PASI=Psoriasis Area Severity Index; SD=standard deviation

Results

Table 1. Summary of patient characteristics at baseline, stratified by prior biologic class

	Overall N=743	TNFi or IL-12/23i N=405	Non-IXE IL-17 N=237	IL-23i N=101
Age, years	51.0 (13.4)	51.4 (13.7)	50.1 (12.8)	51.6 (13.9)
Female, n (%)	380 (51.1)	206 (50.9)	119 (50.2)	55 (54.5)
White, n(%)	587 (79.2)	326 (80.7)	184 (77.6)	77 (77.0)
BSA (% Involvement)	11.5 (14.7)	12.5 (15.4)	10.8 (14.6)	9.0 (11.6)
PASI (score: 0-72)	7.5 (7.8)	8.2 (8.0)	7.0 (8.1)	5.6 (5.7)
DLQI (score: 0-30)	7.3 (6.1)	7.6 (5.9)	7.2 (6.5)	6.8 (5.6)
Itch (VAS range 0-100)	48.6 (33.1)	50.7 (32.7)	47.0 (34.1)	43.9 (31.7)
Pain (VAS range 0-100)	33.0 (31.6)	33.5 (31.5)	34.7 (33.4)	27.4 (27.5)
BSA <3%, n(%)	177 (23.8)	75 (18.5)	72 (30.4)	30 (29.7)
BSA <1%, n(%)	45 (6.1)	15 (3.7)	21 (8.9)	9 (8.9)
PASI ≤3%, n(%)	253 (34.1)	118 (29.1)	94 (39.7)	41 (41.0)
IGA ≤ 1, n(%)	88 (11.9)	39 (9.6)	34 (14.3)	15 (15.0)

Data are mean (SD) unless stated otherwise

Acknowledgments: The authors would like to thank Megan Philips for their writing and editorial contributions.

Disclosures: This study was sponsored by CorEvitas, LLC. CorEvitas is supported through contracted subscriptions with multiple pharmaceutical companies. The abstract was a collaborative effort between CorEvitas and Eli Lilly with financial support provided by Eli Lilly. ML, Employee of Mount Sinai and receives research funds from: Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara therapeutics, Dermavant Sciences, Eli Lilly, Incyte, Janssen Research & Development, LLC, Ortho Dermatologics, Regeneron, and UCB, Inc., and is a consultant for Aditum Bio, Almirall, AltruBio Inc., AnaptysBio, Arcutis, Inc., Arena Pharmaceuticals, Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Brickell Biotech, Boehringer-Ingelheim, Bristol-Myers Squibb, Cara Therapeutics, Castle Biosciences, Corevitas, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima Ltd., LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Inc., Seanergy, and Verrica; BS, Consultant (honoraria): AbbVie, Almirall, Amgen, Arcutis, Arena, Aristea, Asana, Boehringer Ingelheim, Bristol Myers Squibb, Connect Biopharma, Dermavant, Eli Lilly, Equillium, GlaxoSmithKline, Immunic Therapeutics, Janssen, Leo Pharma, Maruho, Meiji Seika Pharma, Mindera Health, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi Genzyme, Sun Pharma, UCB, Ventyxbio, and vTv Therapeutics; Speaker: AbbVie, Eli Lilly, Janssen, and Sanofi Genzyme; Co-scientific director (consulting fee): CorEvitas' (Corrona) Psoriasis Registry; Investigator: AbbVie, Cara, CorEvitas' (Corrona) Psoriasis Registry, Dermavant, Dermira, and Novartis; AS, AHL, TE, CorEvitas, Employee; AHL, Eli Lilly stock; BZ, WNM, JB, MF, AB, Eli Lilly employee/stock;