OBJECTIVES
• Biologics have changed the treatment paradigm of many auto-immune diseases since their launch in early 2000s, and were particularly relevant for psoriasis, a chronic inflammatory skin disease with significant impact on patients’ quality of life.
• With several products entering this market, it was critical to understand current clinical practice and patient response in the real world setting.
• This study aims at identifying psoriasis patients followed by IQVIA patient data, analyzing treatment share and dynamics, and estimating the average treatment duration and cost in 2016.

METHODS
ABOUT THE DATA
• IQVIA Portugal receives anonymized longitudinal patient data from 16 hospitals, i.e., records of every pharmaceutical product dispensed in these hospitals (in both in-patient and outpatient settings).
• IQVIA’s panel cover approximately 40% of all treated patients, and contains information on each patients’ monthly consumption (in value and units, per molecule, brand and pack); on the ward where drugs were dispensed; and on patient’s characteristics (date of birth and gender).

STUDY SCOPE
• The presented study includes all patients who consumed any of the in-scope auto-immune biologics (AIB) in 2016, in any of the 16 Portuguese hospitals from IQVIA’s panel.

RESULTS
PATIENTS CHARACTERIZATION
• During 2016, IQVIA followed 6,953 patients who have undergone AIB treatment with the in-scope molecules, of which 896 were identified as psoriasis patients (13% of total, Figure 1).
• Within IQVIA’s sample, 63% of the psoriasis patients were male (Figure 2).
• Almost half of psoriasis patients were between 40 and 60 years old, with only 8% of patients being younger than 30 years (Figure 3).

TREATMENT SHARE
• Enanercet was the market leader in psoriasis, holding a 37% share of patients in 2016 (Figure 4), followed by Ustekinumab, and Adalimumab.
• Enanercet was the main initiation therapy for bionaive patients in 2016 (Figure 5), but has been losing ground as first line choice to other treatment options (mainly new products).
• While Enanercet initiates most treatments, Ustekinumab and Adalimumab are used by most of patients proceeding to subsequent lines (Figure 6).

TREATMENT DYNAMICS
• On a yearly basis, 14% of the patients were bionaive, 5% of patients have dropped-out, and 3% have reentered treatment (Figure 7).
• A total 70% of patients did not have any dynamic behavior in 2016 (refills), while only 5% switched their treatment to another biologic (Figure 8).
• Enanercet was the molecule who lost most switch patients, mostly due to its high usage as 1L option.
• Although Ustekinumab and Adalimumab capture most of switch patients, Secucinumab had the highest net switch value.

TREATMENT DURATION AND COSTS
• Psoriasis patients seem to persist longer on 2nd treatment than on 1st, as median treatment durations were ~12 months in 1st and ~19 months in 2nd regimens (Figure 9).
• 1st line patients persist over 20 months on Adalimumab, while average treatment length is higher on Infliximab and Enanercet in the 2nd line setting (Figure 10).
• In 2016, the average annual treatment cost per patient was 11,591 ± 1,012 euros. This cost is only relative to expenditure with AIB.

CONCLUSIONS
• AIB re-shaped severe psoriasis management and are now widely used, with a significant impact on treatment costs. The Portuguese Healthcare system is struggling financially to provide high-quality care, being critical to fully understand the treatment dynamics, patients’ response and treatment costs.
• IQVIA’s patient data enabled the analysis of the entire treatment course, from naive to drop-out, monitoring switch and wash-out periods, assessing treatment length, and treatment costs, for 896 psoriasis patients from 16 Portuguese hospitals. This real-world information is an important tool to shape clinical practice and enable a better budget management.

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REFERENCES