Patient Characteristics and Treatment Persistence Among Early Adopters of Bimekizumab: A Swedish Registry-Based Cohort Study in Patients with Psoriasis

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Objective

To assess real-world patient characteristics and treatment persistence among early bimekizumab (BKZ) adopters in Sweden following its reimbursement approval for moderate to severe plaque psoriasis.

Background

- Patients initiating newly reimbursed biologics may have substantial prior treatment exposure and comorbidity burden, which could potentially influence treatment response and persistence.[1–3]
- BKZ is a dual interleukin (IL)-17A and IL-17F inhibitor approved for moderate to severe plaque psoriasis.[4,5] BKZ received approval for reimbursement in Sweden in December 2021 for patients with moderate to severe plaque psoriasis and an inadequate response to/ unsuitability for tumour necrosis factor (TNF) inhibitors.[6]
- Following conditional reimbursement of BKZ in Sweden,[6] evidence is needed to understand BKZ prescribing in the real-world clinical setting and the characteristics of patients with psoriasis who were early adopters of BKZ in Sweden.

Methods

- Patients were identified from the Swedish National Patient Register and the Prescribed Drug Register.
  - Adults (≥18 years) with a first-ever BKZ prescription dispensed between December 2021 (month of reimbursement approval in Sweden) and September 2023 were included.
  - Patients were included if they had a diagnosis of plaque psoriasis (ICD-10: L400–L404, L408–L409) recorded during an inpatient or outpatient specialist care visit by the time of BKZ initiation.
- Patient characteristics, including biologic treatment and disease history, were assessed at treatment initiation using all available historical healthcare records prior to BKZ initiation.
- Treatment persistence at 6 and 12 months was assessed in a time-to-event analysis using the Kaplan-Meier estimator.
  - Discontinuation was defined as a gap of >90 days after the end of drug supply without a subsequent dispensation to allow for temporary interruptions; patients were censored at death, emigration or study end.
  - Persistence analyses were limited to patients initiating BKZ before April 2023 to allow for ≥6 months of potential follow-up.

Results

- The analysis included 230 early adopters of BKZ (**Table**).
- At BKZ initiation, 58.7% (n=135) of patients were male; mean (standard deviation [SD]) age was 50.8 (15.0) years and mean (SD) time since first recorded specialist care psoriasis diagnosis was 11.2 (6.8) years (**Table**).
- The most common comorbidities recorded in specialist care were psoriatic arthritis (32.2%; n=74), hypertension (20.9%; n=48) and joint pain (19.1%; n=44; **Table**).
- Most patients (91.7%; n=211) were biologic-experienced, with 52.6% (n=121) having received ≥2 biologics before initiating BKZ (**Table**).
- The most common prior biologic classes were TNF inhibitors (83.9%; n=193), IL-17 inhibitors (39.6%; n=91) and IL-23 inhibitors (28.7%; n=66; **Table**).
- Among 145 patients included in the time-to-event analysis, 6-month persistence was 82.8% (95% confidence interval: 75.6%, 88.0%), indicating that most patients remained on BKZ treatment during the first 6 months after initiation (**Figure**).

Summary & Conclusions

Characteristics of patients with psoriasis who were early adopters of bimekizumab in Sweden

NATIONAL REGISTRY COHORT
Swedish National Patient Register and the Prescribed Drug Register
December 2021–September 2023

PATIENT PROFILES
N=230
Male: 58.7%
Mean age: 50.8 years

TREATMENT HISTORY
Any prior biologic: 91.7%
≥2 prior biologics: 52.6%

COMMON COMORBIDITIES
Psoriatic arthritis: 32.2%
Hypertension: 20.9%
Joint pain: 19.1%

Patients with psoriasis who were early adopters of bimekizumab in Sweden had a high comorbidity burden and treatment histories suggestive of treatment-resistant disease. Despite this, 6-month treatment persistence was high.

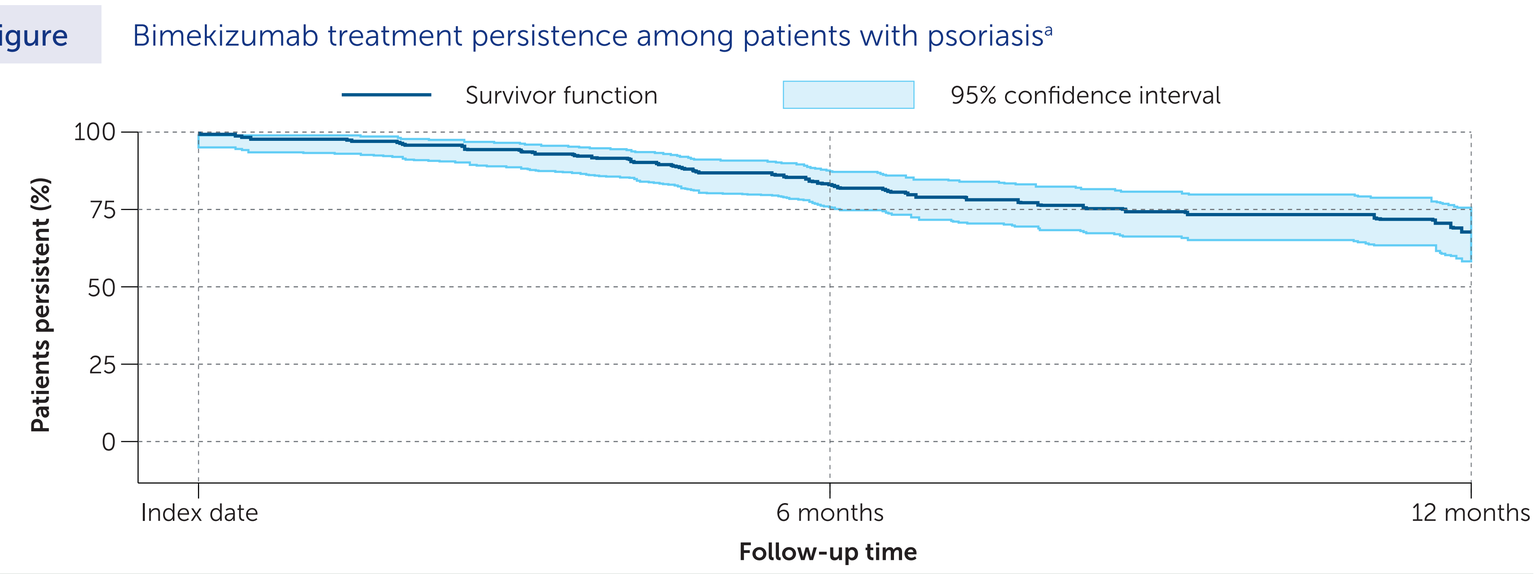
These results should be interpreted cautiously relative to other data due to the potential for channelling bias and small patient numbers, and in the context of the data source as drug survival estimates derived from claims-based data may be lower than those derived from disease registries.[7]

Table Characteristics of patients with psoriasis at the time of BKZ initation

	Early Adopters of BKZ N=230
Age (years), mean (SD)	50.8 (15.0)
Sex, male, n (%)	135 (58.7)
Years since first recorded specialist care psoriasis diagnosis, mean (SD)	11.2 (6.8)
<2 years since first recorded specialist care psoriasis diagnosis, n (%)	22 (9.6)
Dermatologist prescriber at index, n (%)	184 (80.0)
Biologic-naïve patients, n (%)	19 (8.3)
Biologic-experienced patients, n (%)	211 (91.7)
Number of prior biologic treatments, n (%)	
1	90 (39.1)
2	49 (21.3)
3	33 (14.4)
≥4	39 (17.0)
Prior IL-17 inhibitor use, n (%)	91 (39.6)
Prior IL-23 inhibitor use, n (%)	66 (28.7)
Prior TNF inhibitor use, n (%)	193 (83.9)
Comorbidities,[a] n (%)	
Axial spondyloarthritis	8 (3.5)
Cardiovascular disease[b]	27 (11.7)
Diabetes	19 (8.3)
Hidradenitis suppurativa	8 (3.5)
Hypertension	48 (20.9)
Inflammatory bowel disease	5 (2.2)
Joint pain	44 (19.1)
Liver disease	8 (3.5)
Malignancies	11 (4.8)
Obesity	27 (11.7)
Psoriatic arthritis	74 (32.2)

[a] Comorbidities were assessed as ever diagnosed in inpatient or outpatient specialist care, regardless of current status; **[b]** Excluding acute conditions.

Figure Bimekizumab treatment persistence among patients with psoriasis[a]



[a] Estimates at 12 months were calculated using a small sample size and therefore should be interpreted with caution.

Abbreviations: BKZ: bimekizumab; **ICD-10:** International Classification of Diseases, 10th Revision; **IL:** interleukin; **SD:** standard deviation; **TNF:** tumour necrosis factor.

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