Trends in the Therapeutic Management of Bullous Pemphigoid in the Real-World Setting

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BACKGROUND

- Bullous pemphigoid (BP) is an autoimmune disorder that causes blisters on the skin.¹
- BP is typically a chronic disease that may be accompanied by significant morbidity.²
- It primarily affects the elderly population, and studies are showing an increase in prevalence.¹

RESULTS

- A total of 7,229 BP patients were included.
- Demographic characteristics were as follows: gender (52% female), race (87% White, 8% Black, and 5% Other among known values), age (mean (SD) of 73.2 (14.4).

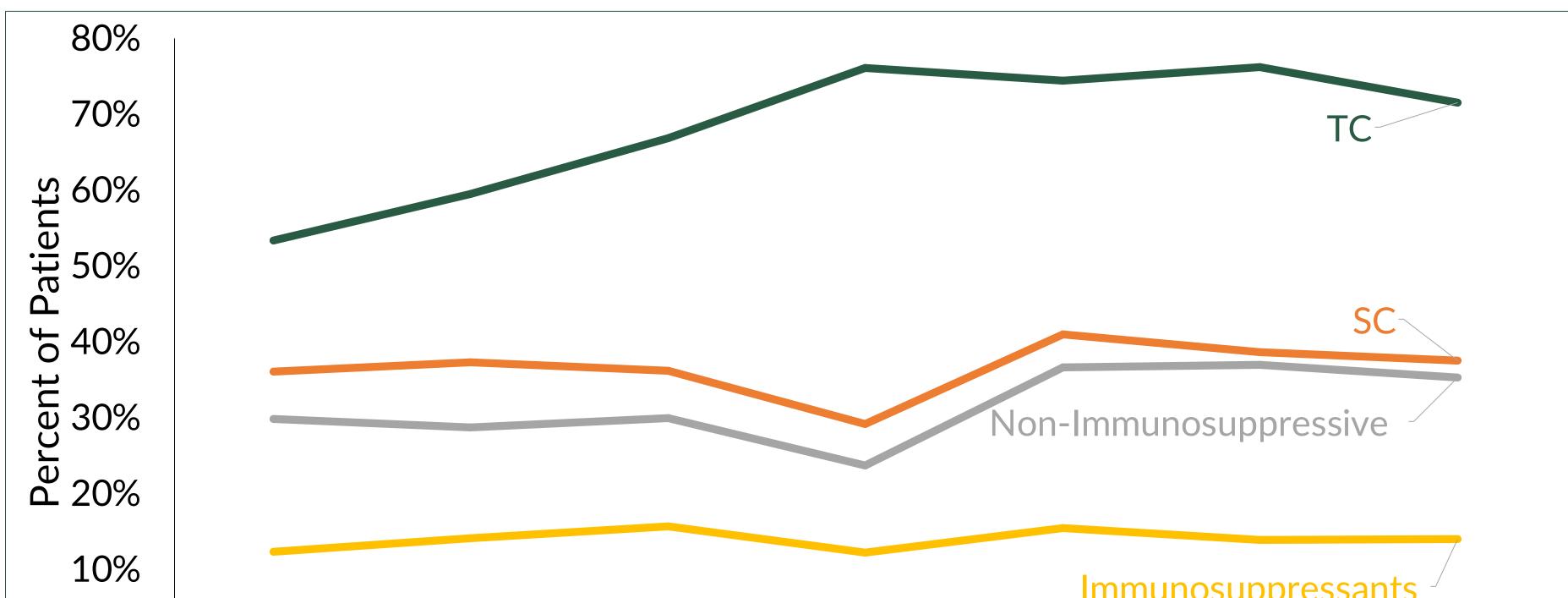
- Disease activity was characterized by severity assessment (23% of patients), pain intensity visual analog scale (VAS, 15% of patients), and body surface area (BSA, 13% of patients):
- The primary treatments for BP, including topical and systemic corticosteroids, are associated with toxicities and high recurrence rates in the long term, resulting in significant work towards developing newer targeted therapies.¹
- Given the changing treatment landscape, it is important to understand current treatment patterns for BP.

OBJECTIVE

 The objective of this research was to characterize real-world treatment patterns among BP patients in diverse healthcare delivery settings in the United States (US).

- Severity assessment: 61% clear to mild/moderate, 39% moderate to severe
- Pain intensity VAS: mean (SD) of 1.35 (2.3)
- BSA: mean (SD) of 18.03 (22.3)
- Secular trends in annual treatment patterns are summarized in Figure 1.

Figure 1: Treatment Patterns of BP Patients



METHODS

- The OMNY Health real-world data platform was used to access electronic health record data from 6 multi-state specialty dermatology networks and 4 integrated delivery networks from 2017 to 2023.
- Patients with any indication of BP (International Classification of Diseases, 10th Revision (ICD-10): L12.0) were included.
- Demographic characteristics of the patient population were tabulated at first
 BP diagnosis code.
- Disease activity was characterized at the first measure.

| 0% | | | | Innunosuppressants | | | |
|----|------|------|------|--------------------|------|------|------|
| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| | | | | | | | |

SC = systemic corticosteroids; TC = topical corticosteroids Note: 2023 is limited to the first six months of the year

- TC prescriptions were the most widely used, increasing from 53% in 2017 to 72% in 2023, peaking at 76% in 2022.
- SC ranged from 29% to 41%, peaking in 2021.
- Non-immunosuppressive agents increased from 30% in 2017 to 35% in 2023, peaking at 37% in 2022. Immunosuppressants were the least used, ranging from 12% to 16%.
- In 2020, TCs increased while all others decreased from 2019.

CONCLUSIONS

 Results provide insights into realworld treatment patterns for BP patients.

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- Percentages of patients with prescriptions for any of the following treatments were tabulated:
 - Topical corticosteroids (TC)
 - Systemic corticosteroids (SC)
 - Non-immunosuppressive agents
 - Immunosuppressants
- Secular trends in annual treatment patterns were described.

- Topical corticosteroids were the most utilized treatment observed.
- Further investigation to understand the prescribing patterns seen in 2020 is required.
- As new treatments are introduced, future analyses would be helpful to understand uptake and prescription patterns among BP patients at different severity stages.

CONTACT INFORMATION

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