

## Psoriasis Switching Patient Profile



Weight: 200 lbs.  
Height: 5'10"



PGA for global health: 9  
PGA for psoriasis: 9  
BSA: 40

### Meet "Seymour" Psoriasis

Seymour is a 56 year old Caucasian male patient who was diagnosed with **severe psoriasis 10 years ago**. He has been under the care of his current dermatologist for **16 months**.

He currently has moderate psoriasis on his **legs, trunk, back, scalp, arms, hands, and genitals**; mild psoriasis on his **fingernails**; and no psoriasis on his face.

His primary insurance is **commercial PPO**, with excellent coverage and minimal-to-no copay. He is employed full time.



He has **mild joint activity with psoriatic arthritis** and has been co-managed with a rheumatologist for the past 12 months.

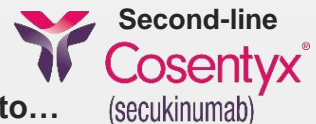
Seymour has **minimal/no impairment on HR-QOL metrics**: social/leisure/family, sleep quality, pain, ADLs, fatigue, work performance, and sexual activity. His comorbidities include **hypertension** and **hyperlipidemia/dyslipidemia**. He has a **high CV risk** and no known malignancy risk.

Seymour's first biologic was...



He began biologic therapy **4 years ago with Humira**. His disease was classified as severe at biologic initiation. He had been on Humira for **3 years** prior to switching to his second-line biologic.

He was switched to...



He had been on Cosentyx for **12 months** prior to switching to his third-line biologic. No Cosentyx dose adjustments were made prior to switching.

The primary reason for switching from Cosentyx to Tremfya was the **lack of response to Cosentyx treatment**. Seymour had **significant input** into the decision to switch.

Seymour was then switched to...



His **psoriasis** was classified as **moderate** and he had **mild joint involvement** at the time of this switch.

The decision to switch was discussed with his rheumatologist, but his **dermatologist made the final decision**.


Tremfya was selected due to the **desirable dosing schedule** and **specific IL-23 MOA**, though the dosing schedule was the primary reason. **Managed care requirements had no influence** on the decision to switch to Tremfya.

He takes the standard indicated 100mg, 8 week dosing of Tremfya, along with **topical corticosteroids** and **vitamin D3 analogues**. Prior authorization was **required** for Seymour, with proof of **failure of at least one TNF**. He participates in a co-pay assistance program.



"Seymour" is an actual patient record from our second annual psoriasis switching audit, **RealWorld Dynamix: Biologic/Otezla Switching in Psoriasis US**.

Imagine if you had **1,006** de-identified patient records like this to analyze the implications for your psoriasis brand!

If Tremfya had not been available, his dermatologist **would have placed him on Taltz**, but Tremfya was selected because he "failed a similar IL-17 inhibitor." 

At his next appointment **in 1 month**, Seymour's dermatologist will use his **BSA to assess response**. If Tremfya is ultimately unsuccessful, they may consider switching to **Siliq**.