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Persistence of Adalimumab treatment in patients with psoriasis, at an immunologically mediated center in Colombia: real-life data

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Background: Adalimumab, (ADA) a fully human IgG1 monoclonal antibody, targeted against tumor necrosis factor (TNF)-α is effective and safe in treating psoriasis moderate-to-severe (1,2). Biosimilar agents exhibit efficacy and safety profiles equivalent to their reference agent (3). The persistence of biological therapies is an indicator for longer-term treatment effectiveness and safety. For decades, it has been evidenced that those can be maintained over the years for cutaneous and articular control with efficacy and safety.

Objective: To describe the drug survival of ADA in a cohort of patients with psoriasis, attending an immunologically mediated disease-specialized center in Colombia, from 2014-2024.

Methods: a retrospective cohort study of patients with psoriasis, in a program, including nurses, physicians, physical therapists, psychologists, and dermatologists with follow-up for registering PASI scores at a defined frequency. A pharmacotherapeutic follow-up (PTF) was performed in patients reporting therapeutic failure (TF) or adverse drug reactions (ADR). Variables were described: quantitative ones were summarized using median and interquartile range (IQR), and qualitative frequency measures and percentages were used.

Results:

308 Total patients using ADA

60.3% (186) Men

54.5 (IQR: 43-64) Median age (years)

10.5 (IQR: 3.9-25.8) Months with treatment

24.7% (76) Initial PASI≥10

30.8% (95) Suspended ADA *non-adherence suspect*

According to the molecule type, the highest frequency was found for Amgevita® and Humira® (Table 1). Patients with initial PASI<10 had lower ADA suspensions than those with PASI≥10 (p-value=0.0401, Figure 1). Additionally, 48 patients with PTF, with 62.5% ADR registered (30), from which 20% (6/30) were symptoms related to the injection site, followed by musculoskeletal disorder in 13.3% (4/30). In 7.6% (24) psoriatic arthritis was identified. Of the total patients using ADA, 46.8% (n=147) were managed simultaneously with systemic treatment with methotrexate (131/147) as the most frequent. A slightly higher ADA persistence was identified for patients without the use of methotrexate, although no statistically significant differences were found when comparing those groups (Figure 2).

Conclusion: In this psoriasis cohort, the highest ADA persistence percentage was found, especially at lower treatment time, for patients with lower initial PASI scores, at 36 months of treatment. Amgevita® was the preferred treatment election due to it cost and availability in our institution. Relating to the simultaneous use of ADA and methotrexate, it is probable that this combination is preferred in those patients with worst responses as an alternative for disease management and control.

Table 1. Number of patients using ADA, according to initial PASI

Molecule	PASI≥10	PASI<10	Total (%)
Amgevita®	55	174	229 (74.3)
Humira®	7	31	38 (12.3)
Idacio®	14	23	37 (12.0)
Hyrimoz®	0	3	3 (0.9)
Yuflyma®	0	1	1 (0.3)
Total	**76**	**232**	**308**

Figure 1. Kaplan Meier ADA permanence curves according to initial PASI

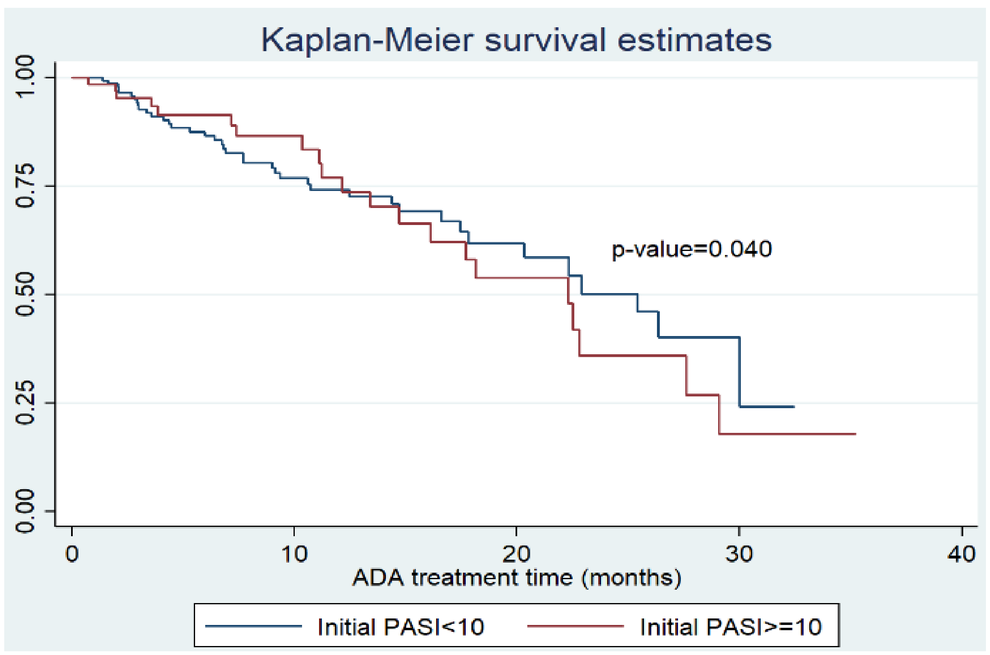
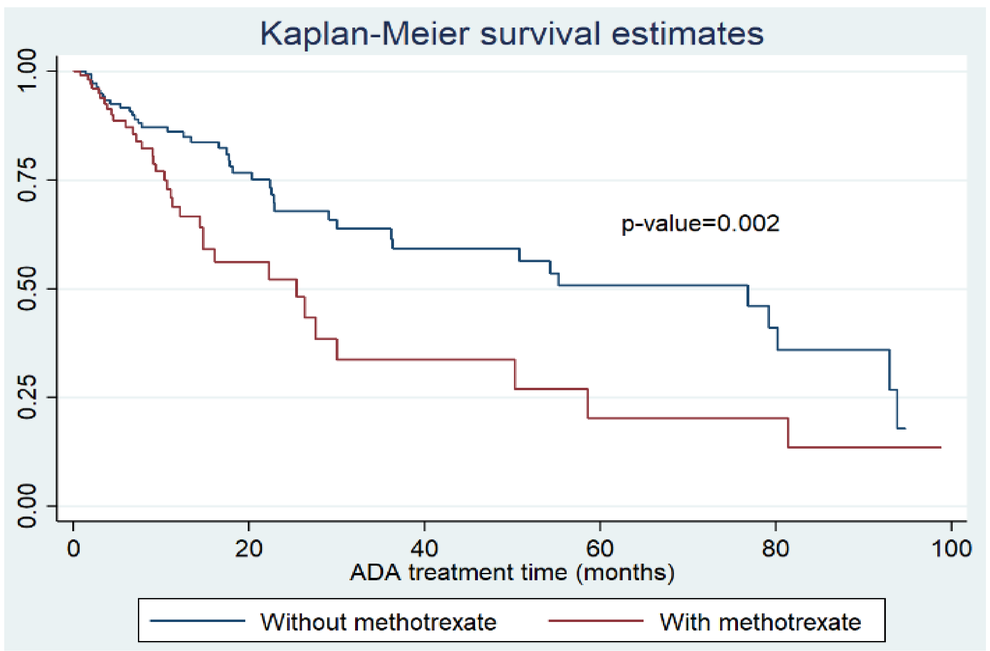


Figure 2. Kaplan Meier ADA permanence curves according to simultaneous use of methotrexate



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Disclosure: *The authors declare that there is no conflict of interest*