

# Risankizumab Efficacy for Moderate-to-Severe Plaque Psoriasis Over 256 Weeks in Patients With Prior Biologic Treatments

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## OBJECTIVE

**To assess the long-term efficacy of risankizumab in patients with a history of prior biologic use**

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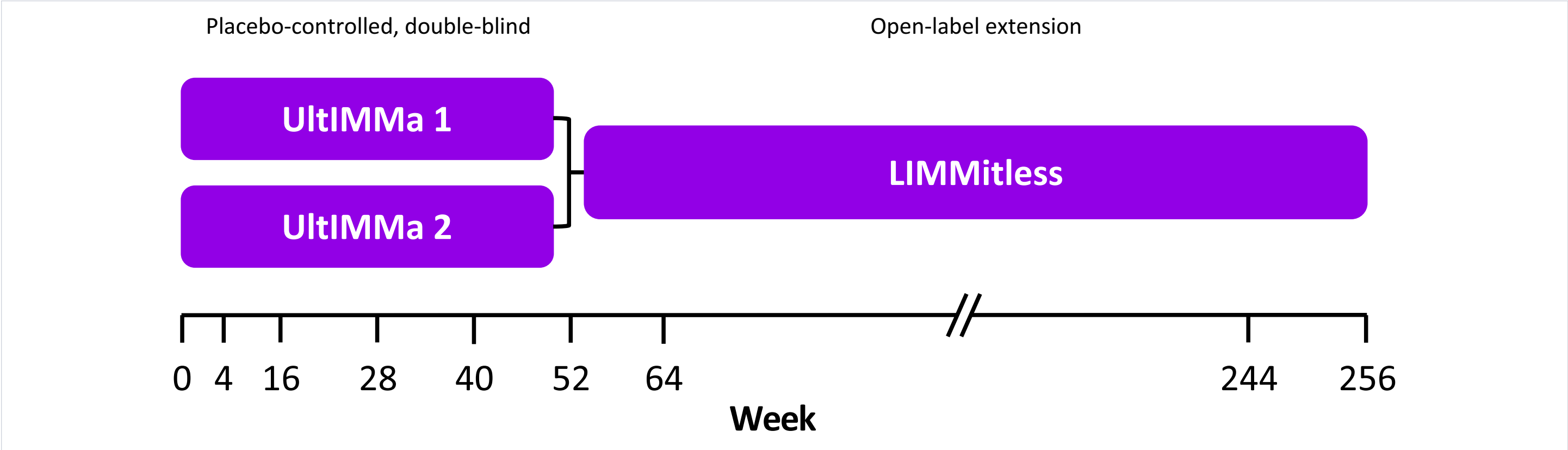
## INTRODUCTION

- Psoriasis (PsO) is an immune-mediated disease associated with skin lesions and often treated with biologic therapies
- Risankizumab (RZB), a systemic biologic interleukin (IL) 23 inhibitor is approved for the treatment of moderate-to-severe plaque psoriasis
- Patients who need to switch from one biologic to another may experience a loss of efficacy

# METHODS

## Study Design

- Patients were originally randomized to receive RZB 150 mg at weeks 0, 4, and every 12 weeks thereafter in the double-blinded, placebo-controlled phase 3 UltIMMa 1 and 2 studies
- After 52 weeks, patients entered the ongoing phase 3 open-label extension (LIMMitless) maintaining the 12 week dosing pattern



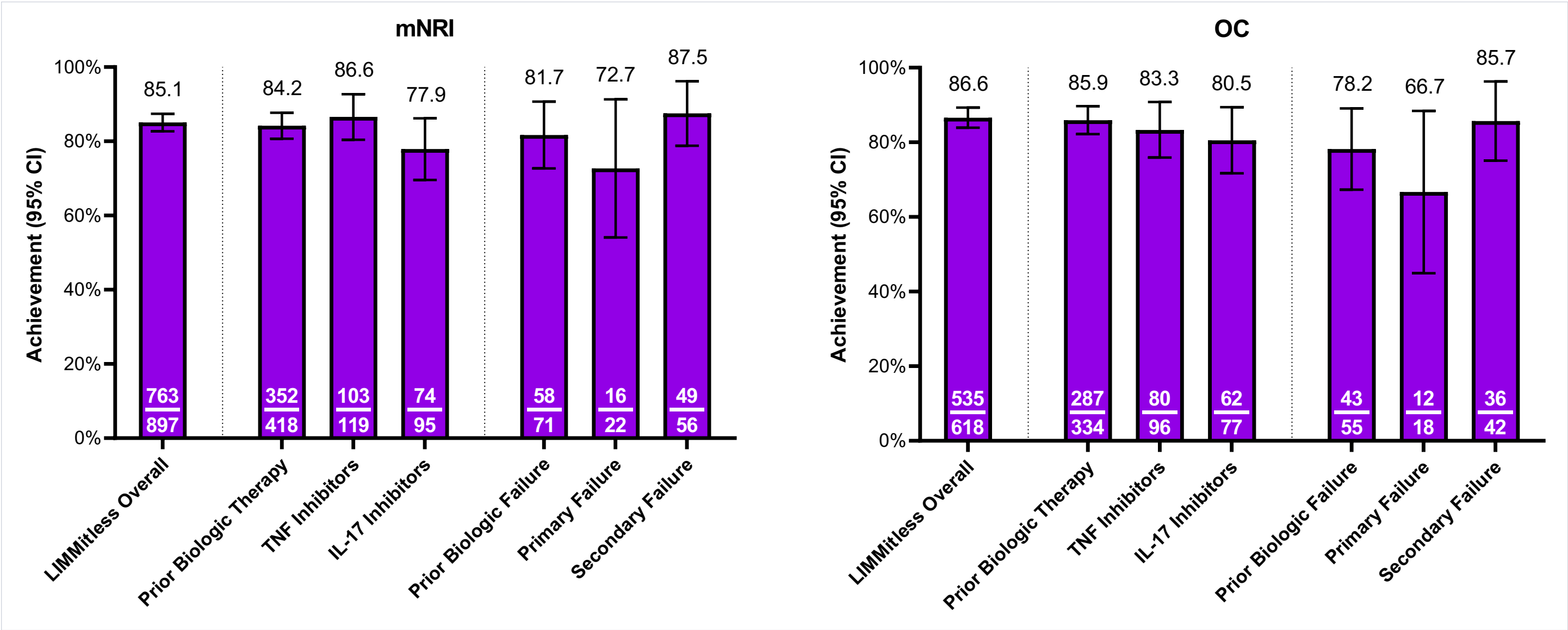
## Statistical Analysis

- Patients self reported prior treatments and treatment responses
- Psoriasis Area and Severity Index (PASI) was assessed at week 256 and reported using modified non-responder imputation (mNRI) and observed cases (OC). Non-response is imputed only for treatment failures defined as a worsening of PsO
- Patients reported the reason for discontinuation as lack of efficacy for prior failure and safety/tolerability for a secondary failure

# RESULTS

- Of the 525 patients included in this study, 454 (86.5%) had 0 prior treatment failures, 53 (10.1%) had 1, 12 (2.3%) had 2, and 6 (1.1%) had more than 2 prior treatment failures
- Despite prior biologic treatments and failures, a high proportion of patients receiving continuous RZB for 256 weeks achieved PASI 90

Figure 2. Achievement of PASI 90

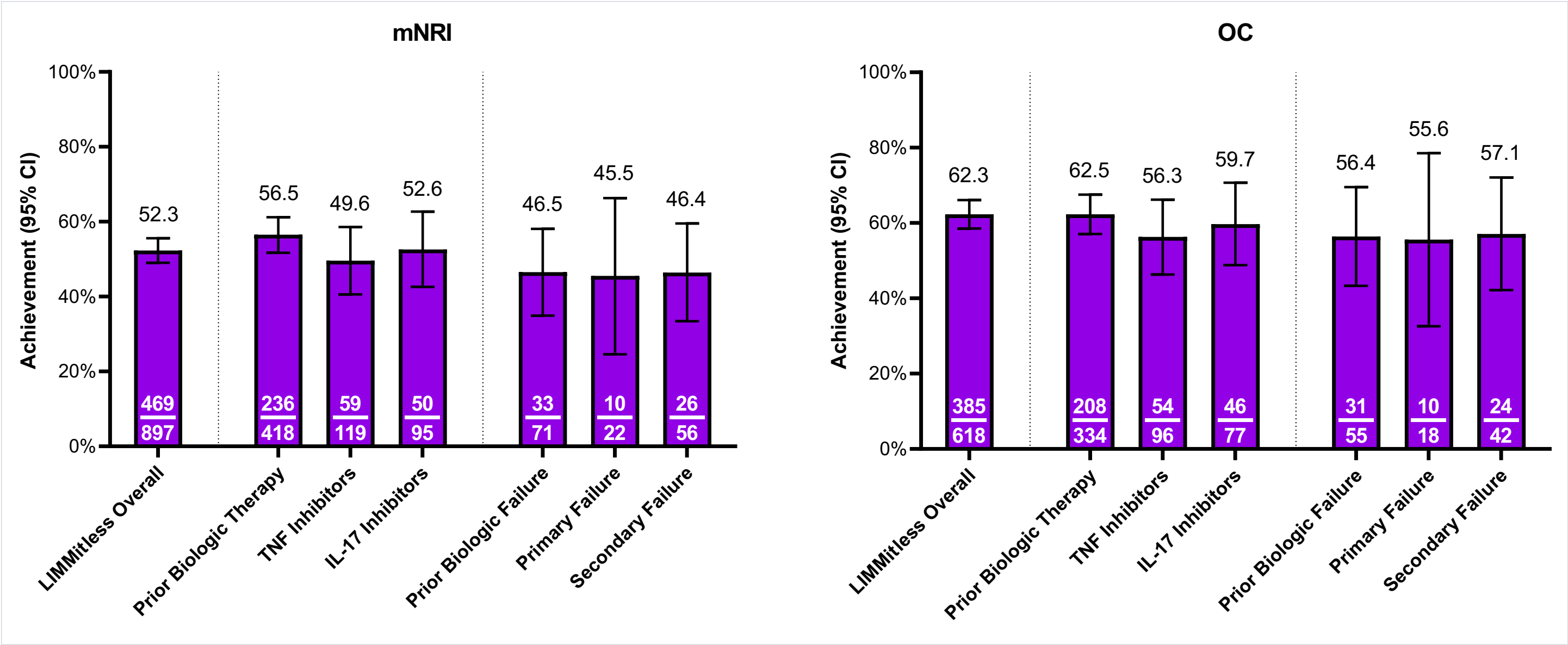


IL-17, Interleukin 17; mNRI, modified non-responder imputation; OC, observed cases; PASI, Psoriasis Area Severity Index; TNF, tumor necrosis factor. Primary failure is defined as the lack of an initial response. Secondary failure is defined as the loss of response.

RESULTS (CONTINUED)

- Despite prior biologic treatments and failures, a high proportion of patients receiving continuous RZB for 256 weeks achieved PASI 100

Figure 3. Achievement of PASI 100



IL-17, Interleukin 17; mNRI, modified non-responder imputation; OC, observed cases; PASI, Psoriasis Area Severity Index; TNF, tumor necrosis factor. Primary failure is defined as the lack of an initial response. Secondary failure is defined as the loss of response.

# RESULTS (CONTINUED)

- Most patients with prior biologic therapies, including TNF inhibitors and IL-17s, achieved clear or almost clear skin
- Most patients with prior biologic failures achieved PASI 90 (72.7% to 87.5%) and PASI 100 (46.4% to 46.5%)
- Patients with prior treatments achieved results similar to the overall LIMMitless population over 256 weeks of continuous RZB treatment
- LIMMitless safety data is presented in concurrent poster **44007**

## CONCLUSIONS



After 256 weeks of continuous risankizumab treatment, a high proportion of patients with prior biologic treatment achieved clear or almost clear skin



Despite prior biologic exposure, a majority of patients achieve PASI 90 (84.2%) and PASI 100 (56.5%) with risankizumab treatment



Among patients who reported prior biologic failure, most patients (81.7%) achieve PASI 90 with risankizumab treatment

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