The evaluation of adequate clinical response to systemic therapy as measured by the Merit-based Incentive Payment System (MIPS) #410 psoriasis quality measure in patients treated with deucravacitinib: a RePhlect 6-month follow-up study

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Introduction

- Tracking compliance with quality-of-care performance measures and participation in quality reporting programs has been shown to be an effective method for improving quality of care in dermatology[1]
- The Merit-based Incentive Payment System (MIPS) is designed to encourage value-based care among US Medicare-participating practitioners[2]
  - With MIPS, a provider's Medicare reimbursement amount is driven in part by their ability to show high-quality, low-cost care
  - In a 2018 study, dermatologists who participated in MIPS reported improved performance[3]
- MIPS #410, a clinical quality measure developed by the American Academy of Dermatologists (AAD), evaluates the proportion of patients with psoriasis receiving systemic medication who meet minimal physician- or patient-reported disease activity levels
- Deucravacitinib, an oral, selective, allosteric tyrosine kinase 2 (TYK2) inhibitor, is approved in the US, EU, and other countries for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy[4-7]
- The Registry of Psoriasis Health Outcomes: A Longitudinal Real-World Collaboration Study (RePhlect) assesses deucravacitinib usage in a real-world, global population of patients with psoriasis

Objectives

- To assess the proportion of patients who meet MIPS #410 clinical response among patients enrolled in the RePhlect North American (NA) cohort who were persistent with deucravacitinib monotherapy for 6 months
- MIPS clinical response was defined as achieving ≥1 of the following outcomes:
  - Investigator's Global Assessment (IGA) score ≤2
  - Body surface area (BSA) involvement <3%
  - Psoriasis Area and Severity Index (PASI) score <3
  - Dermatology Life Quality Index (DLQI) score ≤5

Methods

Statistical analysis

- Demographics and clinical characteristics data were collected at baseline
- The MIPS outcome measures (IGA, BSA, PASI, and DLQI) were collected at 6-month follow-up
- Proportions of patients meeting MIPS clinical response were calculated

Inclusion criteria

- Physician-reported (dermatologist) diagnosis of plaque psoriasis
- Patient ≥18 years of age who provided written informed consent for registry participation
- Oral initiation of deucravacitinib for the treatment of plaque psoriasis on or after September 2022
- Persisted with deucravacitinib until their 6-month follow-up visit (data cut-off: December 2024)

Exclusion criteria

- Participation in an interventional clinical trial with a nonmarketed or marketed investigational drug
- Restart of treatment with study-eligible therapies previously received at any time during patient's treatment history

Results

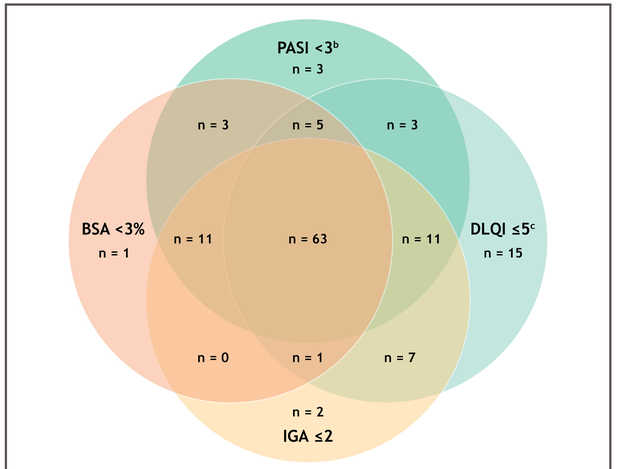
- This interim analysis included 144 patients
- Mean (standard deviation [SD]) age was 53.6 (14.5) years, 54.2% were female, and 85.3% were White (**Table 1**)
- Mean (SD) psoriasis duration was 15.3 (12.9) years (**Table 1**)
  - Moderate to severe disease, defined as having BSA ≥3%, PASI ≥5, or DLQI ≥5, was observed in 91.7% of patients (n = 132) at baseline
- Of 142 patients with available data, 92.3% (n = 131) met ≥1 MIPS criterion for clinical response at 6 months with continuous deucravacitinib treatment (**Figure 1**)
  - All 4 MIPS criteria were met by 44.4% of patients (**Figure 2**)
  - At least 3 MIPS criteria were met by 64.1% of patients (**Figure 2**)
  - At least 2 MIPS criteria were met by 77.5% of patients (**Figure 2**)

Table 1. Baseline demographic and clinical characteristics

Characteristics	Overall cohort (n = 144)
Demographic characteristics	
Age (years)	
Mean (SD)	53.6 (14.5)
Sex, n (%)	
Female	78 (54.2)
Race, n (%)	
White	122 (85.3)
BMI category, n (%)	
Underweight/normal	24 (17.9)
Overweight	56 (41.8)
Obesity	54 (40.3)
Clinical characteristics	
Psoriasis duration, years, mean (SD)	15.3 (12.9)
BSA, mean (SD)	9.8 (9.2)
BSA category, n (%)	
Clear or mild [0-3]	30 (21.0)
Moderate [>3-10]	79 (55.2)
Severe [>10]	34 (23.8)
IGA, mean (SD)	2.8 (0.8)
IGA, n (%)	
Clear/almost clear [0-1]	9 (6.3)
Mild [2]	26 (18.2)
Moderate [3]	92 (64.3)
Severe [4]	16 (11.2)
PASI, mean (SD)	6.5 (5.3)
PASI, n (%)	
Clear/nearly clear [0-1]	19 (13.2)
Mild [>1-5]	48 (33.3)
Moderate [>5-10]	44 (30.6)
Severe [>10]	33 (22.9)
DLQI, mean (SD)	7.1 (5.5)
VAS-Itch, mean (SD)	56.1 (30.1)
VAS-Skin pain, mean (SD)	33.3 (29.2)
VAS-Fatigue, mean (SD)	39.1 (30.3)
VAS-Joint pain, mean (SD)	48.1 (29.3)

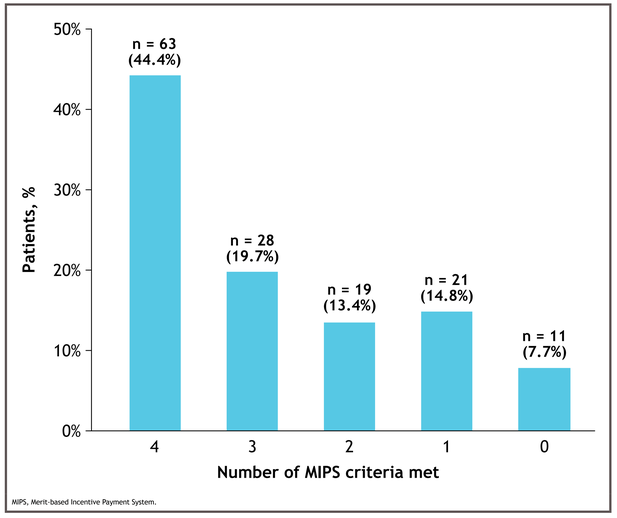
BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; IGA, Investigator's Global Assessment; PASI, Psoriasis Area and Severity Index; SD, standard deviation; VAS, visual analog scale.

Figure 1. Number of patients meeting MIPS characteristics at 6-month follow-up (N = 142[a])



[a]Two patients had missing data at 6-month follow-up and were excluded from any MIPS assessments. [b]Patients meeting PASI <3 and IGA ≤2 (n = 3). [c]Patients meeting DLQI ≤5 and BSA <3% (n = 3).
BSA, body surface area; DLQI, Dermatology Life Quality Index; IGA, Investigator's Global Assessment; MIPS, Merit-based Incentive Payment System; PASI, Psoriasis Area and Severity Index.

Figure 2. Number of MIPS criteria met at 6-month follow-up



MIPS, Merit-based Incentive Payment System.

Conclusions

- Outcomes following 6 months of persistent treatment with deucravacitinib among plaque psoriasis patients in a real-world setting met criteria for high-quality care, based on the MIPS #410 clinical quality measure.

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