

# Real-World Insights Into First-Line Use of Topical Roflumilast Cream for Psoriasis

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## INTRODUCTION

- Plaque psoriasis is an immune-mediated, chronic, systemic, inflammatory condition impacting the skin that affects roughly 3.0% of adults in the United States<sup>1</sup>
- Current treatment options range from topical therapies to systemic agents, including oral phosphodiesterase 4 (PDE4) inhibitors and biologic therapies with diverse mechanisms of action<sup>2</sup>
- Topical roflumilast, a PDE4 inhibitor, offers an advanced targeted topical treatment option that is not a steroid for managing plaque psoriasis
  - Roflumilast cream 0.3% was approved for the treatment of plaque psoriasis, including intertriginous areas, in July 2022 for patients aged ≥12 years and in October 2023 for patients aged 6–11 years<sup>3</sup>
  - Roflumilast foam 0.3% was approved in May 2025 for the treatment of plaque psoriasis of the scalp and body in patients aged ≥12 years<sup>4</sup>

## OBJECTIVE

- To examine treatment patterns among patients using roflumilast cream 0.3% for plaque psoriasis, with particular focus on the treatment journey of patients who started with roflumilast cream 0.3% as their primary treatment

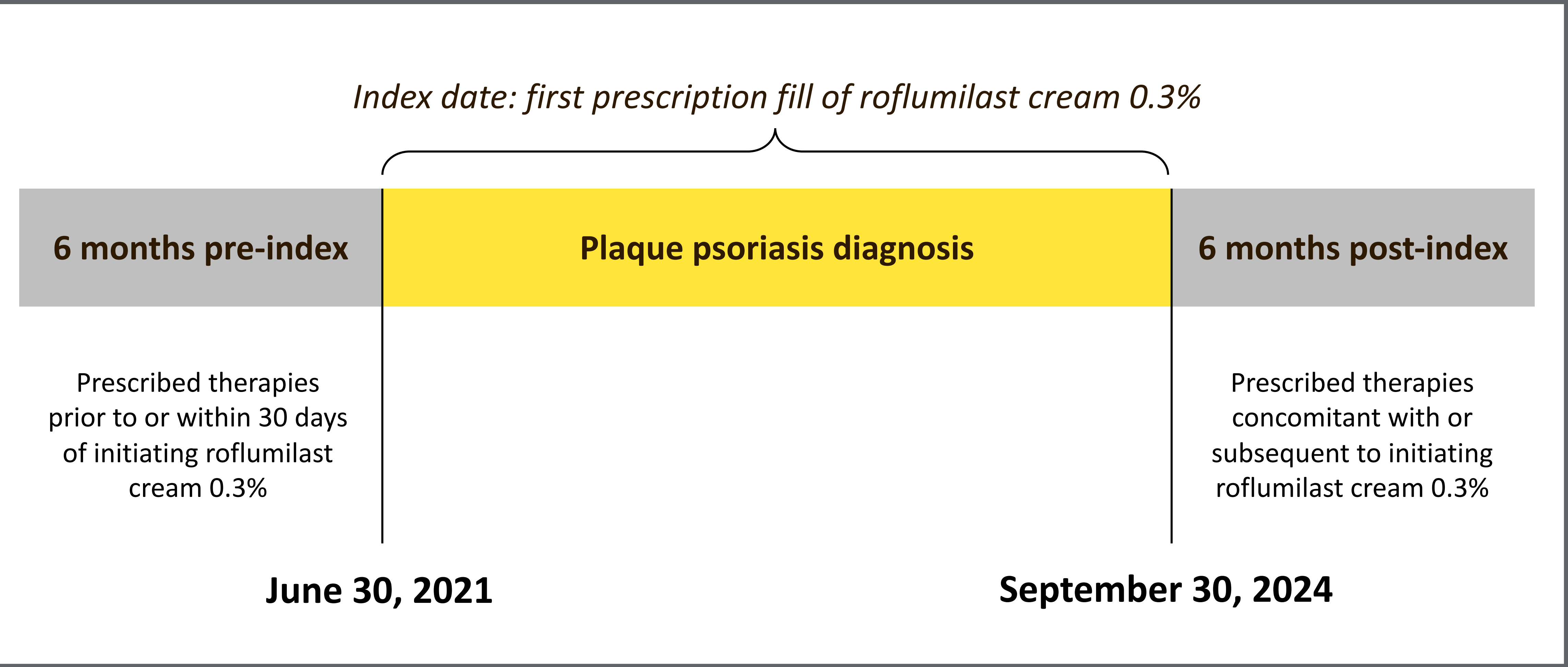
## METHODS

- This retrospective analysis reviewed administrative database claims from patients diagnosed with plaque psoriasis from January 1, 2019, to March 31, 2024, using the IQVIA PharMetrics Plus database
  - The index date was the first prescription fill of roflumilast cream 0.3%
  - 6-month pre-index and post-index periods were evaluated to assess prior and subsequent or concomitant therapies
- Extracted data included therapies prior to and subsequent to the use of roflumilast cream 0.3%, in addition to concomitant therapies initiated within 30 days of starting roflumilast cream 0.3%
- Patients with no prior therapy during the 6-month pre-index period were classified as starting psoriasis treatment with roflumilast cream 0.3% (ie, treatment naive)

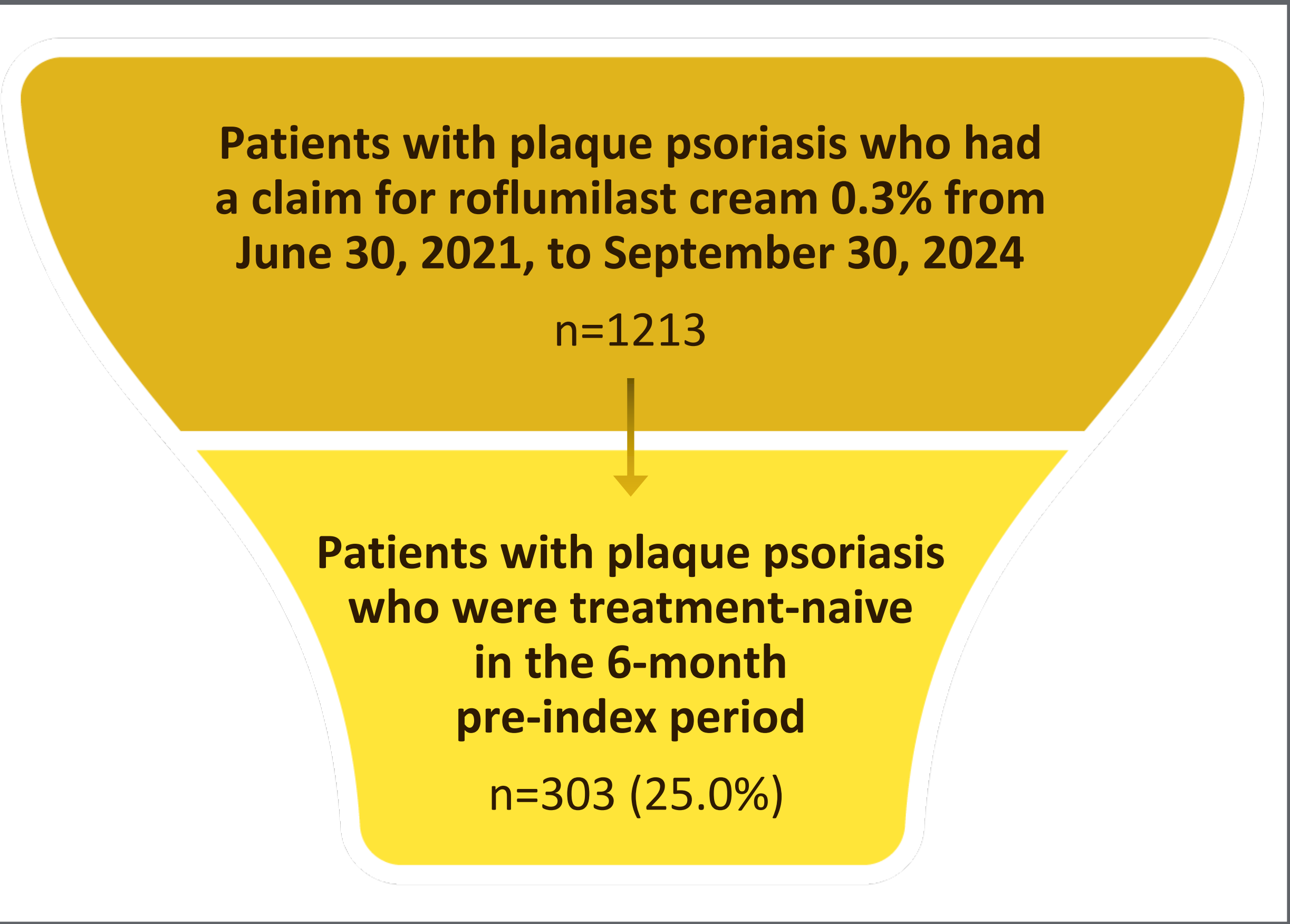
## RESULTS

- During the index period, 1213 patients had a claim for roflumilast cream 0.3%
- At index, 837 (69.0%) patients were treated with topical roflumilast 0.3% monotherapy
- Overall, 3 (<1%) patients initiated roflumilast cream 0.3% in combination with a biologic agent
- Among the 1213 patients, 303 (25.0%) had no psoriasis treatment in the 6-month pre-index period (ie, treatment-naïve); of these treatment-naïve patients:
  - 259 (85.5%) initiated topical roflumilast 0.3% as monotherapy
  - 44 (14.5%) initiated roflumilast cream 0.3% as part of a combination treatment regimen; among these patients, filled prescriptions were:
    - 39 for another topical agent
    - 2 for an oral PDE4 inhibitor
    - 3 for a biologic agent
- Within the 6-month post-index period, 14 (4.6%) of the 303 treatment-naïve patients initiated a biologic agent

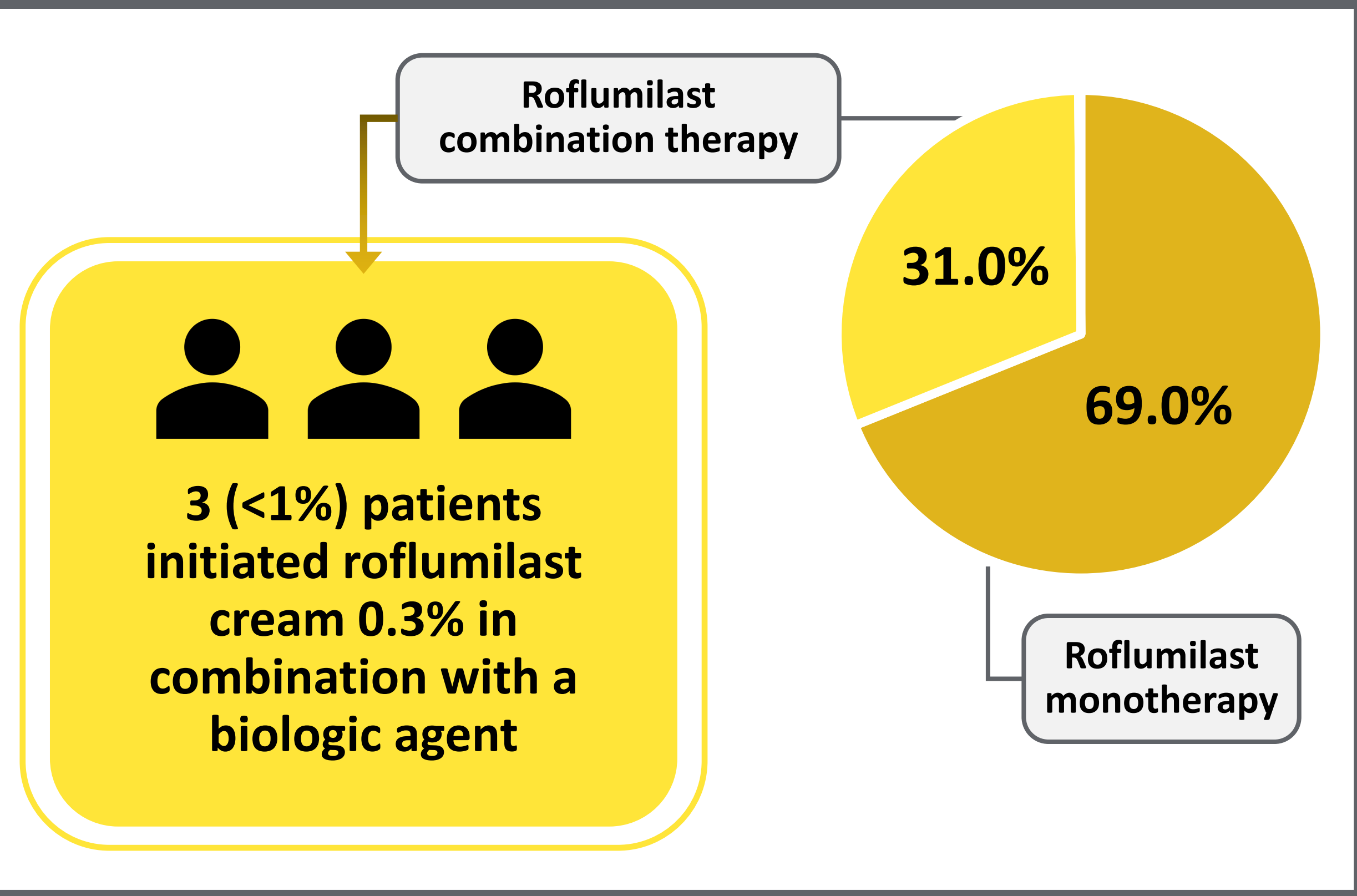
### Study Design



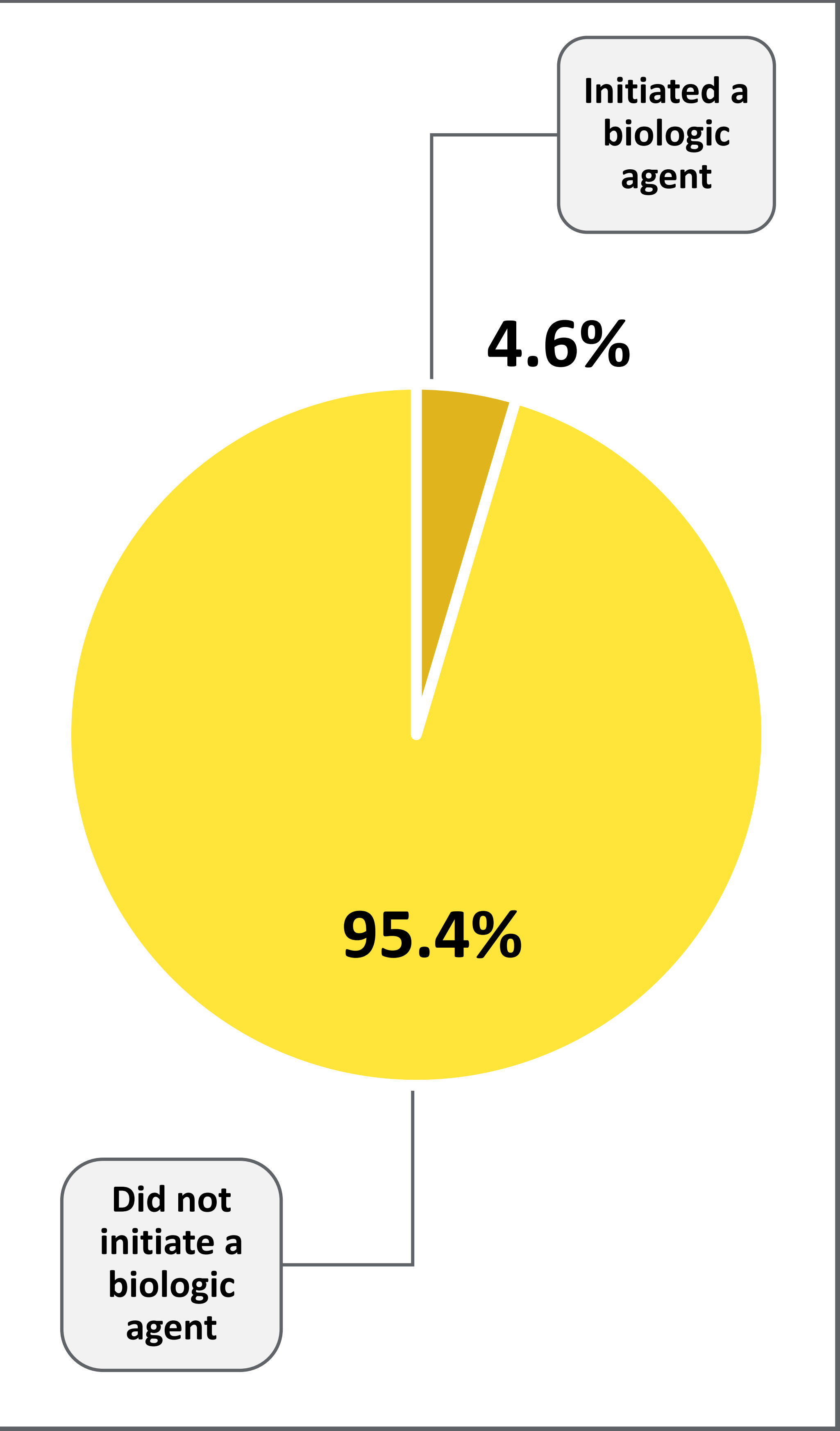
### Patient Population



### Patients Initiating Roflumilast Monotherapy or Combination Therapy



### Proportion of Treatment-Naïve Patients Who Initiated a Biologic Agent Post-Index



## CONCLUSIONS

- In this real-world analysis, a substantial portion of patients used roflumilast cream 0.3% as a first-line therapy for plaque psoriasis, with most patients initiating it as monotherapy
- Most treatment-naïve patients who initiated topical roflumilast as monotherapy did not initiate a subsequent treatment during the 6-month follow-up period, and only a small portion escalated to biologic therapy or an oral PDE4 inhibitor
  - Among 303 treatment-naïve patients who initiated roflumilast cream 0.3%, only 3 (<1%) did so in combination with a biologic agent
- These findings suggest that roflumilast cream 0.3% is frequently utilized as monotherapy and serves as an initial treatment option in real-world clinical practice
- Further research is needed to understand whether topical roflumilast can help delay or reduce the need for oral and biologic therapies in routine clinical care for psoriasis



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### REFERENCES

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### DISCLOSURES

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