



POSTERS

CONCOMITANT THERAPY WITH IXEKIZUMAB PLUS TIRZEPATIDE IN ADULTS WITH PSORIATIC ARTHRITIS AND OVERWEIGHT OR OBESITY DEMONSTRATED SUPERIOR DISEASE CONTROL COMPARED TO IXEKIZUMAB ALONE: RESULTS FROM THE PH3B TOGETHER-PSA TRIAL

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Background. Overweight and obesity occurs in 72-82%[1,2] of patients with psoriatic arthritis (PsA) and is associated with worse clinical outcomes and increased comorbidities[3]. We evaluated efficacy and safety of ixekizumab and tirzepatide (IXE+TZP) compared to ixekizumab (IXE) in adults with active PsA and overweight (BMI>27-<30 kg/m²) with ≥1 weight-related comorbidity or obesity (BMI≥30 kg/m²). Type of Study: TOGETHER-PsA (NCT06588296) is a Phase 3b, randomized, 52-week trial.

Methods. Participants were randomized 1:1 to IXE+TZP or IXE (open-label) using FDA-approved doses. Primary outcome was week 36 simultaneous achievement of ACR50 and ≥10% weight reduction. Key secondaries included ACR50.

Results. Of participants on IXE+TZP (n=138) and IXE (n=133), mean age was 55.0 years, 69.7% were female, BMI was 37.6 kg/m², 71.6% had psoriasis, and 18.8% had failed ≥2 classes of advanced therapies. 31.7% participants achieved primary outcome with IXE+TZP *versus* 0.8% for IXE (p<0.001). A meaningful difference in ACR50 was observed in IXE+TZP (33.5%) *versus* IXE alone (20.4%) (multiplicity-controlled p=0.020) with a significant improvement (p<0.05) seen as early as week 4. Improvements were demonstrated in PASI 75/90/100 for IXE+TZP and IXE alone,

with IXE+TZP demonstrating a significant difference in absolute PASI change from baseline (p<0.01). Significant improvements were observed in physical function (HAQ-DI; p<0.001), FACIT-fatigue (p<0.01), SF-36 MCS (p<0.05) and PCS (p<0.001). Adverse events (AEs) aligned with established drug profiles. Treatment discontinuations due to AEs were comparable among treatment groups.

Conclusions. Significant comprehensive improvement in disease activity was demonstrated with IXE+TZP compared to IXE alone in active PsA, with no new safety concerns.

References

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