Real-World patterns of requests for oral JAK inhibitors and biologics for the treatment of atopic dermatitis

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Background

- Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin disease marked by dry, itchy, and inflamed skin.
- Disease burden remains considerable among adults with AD, with many experiencing more severe disease and ongoing difficulties with disease control.3
- Chronic AD drives substantial healthcare costs and increased use of high-cost therapies, including topical, oral, and biologic agents.4
- Treatment guidelines recommend trying both topical corticosteroids and topical calcineurin inhibitors before advancing to systemic therapies.5 As new therapies expand, understanding prescribing patterns in AD becomes increasingly important.

Objective

- Examine real-world prescribing patterns associated with use of oral JAK inhibitors (JAKi) and biologic therapies for AD.

Methods

- Retrospective observational analysis using PA data from 4/1/2024 to 9/30/2025.
- Initial and Renewal PA requests for JAK Inhibitors (Rinvoq and Cibinqo) and biologics (Adbry, Dupixent, Ebglyss, and Nemluvio) were included.
- Analyzed submission details including requested indication, requested drug, disease severity, and previously trialed therapies.

References

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Results

Figure 1. PA Case Distribution

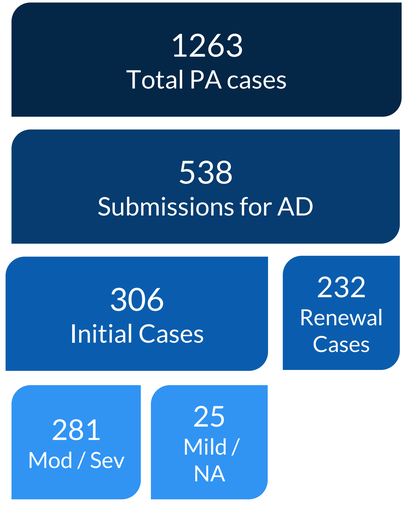


Figure 2. Distribution of PA Submissions for AD vs Non-AD (n=1263)

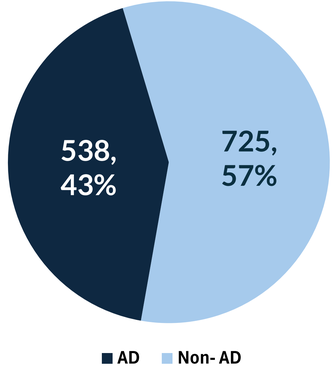


Figure 3. Initial AD PA Submissions: Reported Disease Severity and PA Outcomes (n=281)

Moderate to Severe

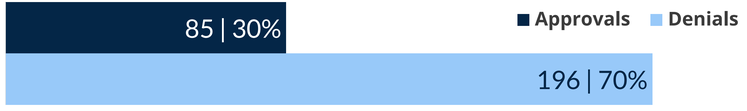


Figure 4. Initial AD Submissions With Moderate-to-Severe Disease: BSA > 10% and PA Outcomes (n=249)

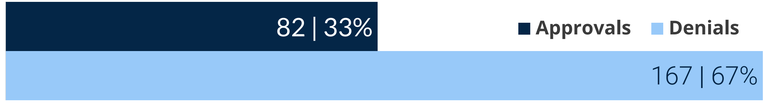
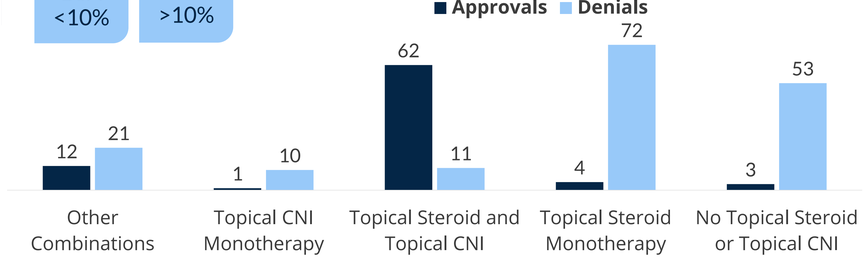


Figure 5. Prior Therapy Use in Moderate-to-Severe AD (BSA > 10%): Approvals vs Denials (n=249)



Conclusion

- Of 538 PA submissions (43%) for AD, 281 of 306 initial cases reported moderate-to-severe disease, yet only 85 (30%) were approved, suggesting possible early escalation to advanced therapies.
- Among moderate-to-severe cases with BSA >10% (n=249), only 82 (33%) were approved, indicating stepwise therapies may not have been sufficiently trialed despite significant disease burden.
- About 25% of approvals involved both topical corticosteroids and CNIs, consistent with guidelines; denials were more common with corticosteroid monotherapy or no documented topical therapy.
- Overall, PA approvals were associated with guideline-directed topical optimization, while denials reflected deviations, suggesting a trend toward premature use of systemic therapies.

Limitations

- The data set contains membership under self-insured employer health plans and may not represent government program populations.