Real World Assessment of Once-a-Month Dosing of Lebrikizumab in Commercial Claims

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OBJECTIVE

- The primary objective of this study was to assess the proportion of patients treated with lebrikizumab who transitioned from every 2-week (Q2W) dosing to every 4-week (Q4W) dosing at week 16, week 20, and week 24.

CONCLUSION

- By Week 20, 83.3% (n=1431) of patients consistently receiving lebrikizumab *(at least 5 Rx fills)* transitioned to Q4W maintenance dosing, a proxy for adequate clinical response for AD
- This analysis was restricted to patients with consistent lebrikizumab fills and is subject to the inherent limitations of claims administrative data.
- Further research will investigate treatment patterns over longer time periods, stability or duration of Q4W dosing, and biologic experienced patients.

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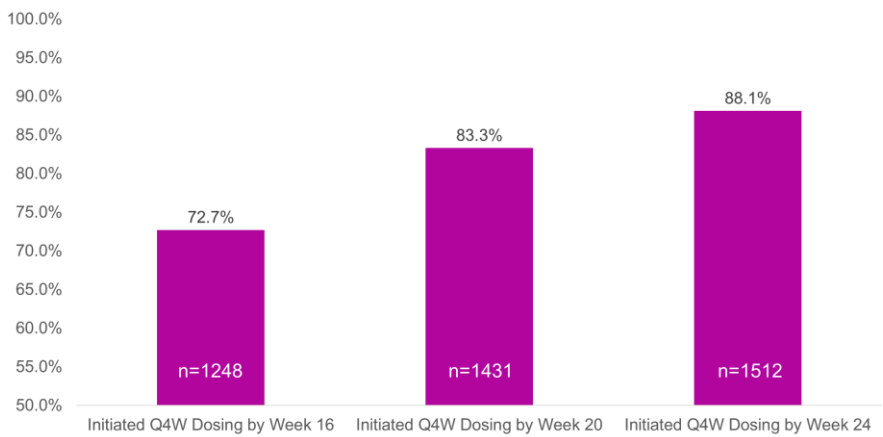
More than half of lebrikizumab patients switched to every 4-week (Q4W) maintenance dosing regimen by week 16 *(at least 5 lebrikizumab fills within 6 months; n=1248)*



The average time (mean) to dosing transition (Q2W to Q4W) was 13.3 weeks.

Baseline demographics at first dose of lebrikizumab

	Patients with ≥5 lebrikizumab fills within 6 months follow-up (N=1717)
Female	**58.4% (n=1002)**
Age	
Mean Age (SD)	**43.8 (18.7)**
12-17 years of age	**8.4% (n=144)**
18-64 years of age	**77.0% (n=1322)**
≥ 65 years of age	**14.6 (n=251)**
Geographic Region	
Northeast	**22.1% (n=379)**
Midwest	**17.9% (n=307)**
South	**35.9% (n=616)**
West	**23.3% (n=400)**
Missing/Unknown	**0.9% (n=15)**
Payer Type	
Commercial/Third Party	**85.4% (n=1467)**
Medicare	**11.5% (n=197)**
Medicaid	**2.9% (n=49)**
Cash	**0.2% (n=4)**

Medications and Comorbidities prior to first dose of lebrikizumab

	Patients with ≥5 lebrikizumab fills within 6 months follow-up (N=1717)
Medications	
Topical Corticosteroids	**57.7% (990)**
Topical PDE-4, Calcineurin Inhibitors	**31.1% (535)**
Topical JAK inhibitors	**8.3% (143)**
Immunosuppressants	**3.0% (52)**
Oral JAK Inhibitors	**9.3% (159)**
Biologics	**41.5% (712)**
Comorbidities	+ ≥1 claim in Dx during the 6-month baseline period (n=1083)
Charlson Comorbidity Index (SD)	**0.4 (1)**
Asthma	**6.5% (70)**
Allergic Rhinitis	**6.9% (75)**
Food Allergies	**1.8% (19)**
Obesity	**9.1% (99)**

BACKGROUND

Lebrikizumab received U.S. Food and Drug Administration (FDA) approval on September 13, 2024, for adults and adolescents (≥12 years, ≥40 kg) with moderate-to-severe atopic dermatitis (AD).

"EBGLYSS® (lebrikizumab) is an interleukin-13 antagonist indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. EBGLYSS (lebrikizumab) can be used with or without topical corticosteroids.

The recommended dosing regimen consists of a 500-mg loading dose (two 250-mg injections) at Week 0 and Week 2, followed by 250 mg every 2 weeks (Q2W) until Week 16 or adequate clinical response. The approved maintenance dose is lebrikizumab 250 mg every 4 weeks (Q4W)."

Due to prescribing information (PI) flexibility and clinician discretion, real-world evidence describing the proportion of patients who transition to lebrikizumab every 4-week (Q4W) dosing is warranted.

References

1. Lebrikizumab prescribing information, https://pi.lilly.com/us/ebglyss-uspi.pdf

STUDY DESIGN

The proportion of patients utilizing lebrikizumab who switched from every 2-week (Q2W) dosing to every 4-week (Q4W) dosing were analyzed within the **IQVIA Longitudinal Access and Adjudication Data (LAAD) database.** IQVIA's open-source longitudinal prescription claims (LRx) identified patients initiating lebrikizumab:

- Study Period: 13 September 2024 to 31 August 2025
- Baseline Period: 12 months prior to index date
- Index date: Date of first paid lebrikizumab prescription within the study period
- Inclusion Criteria:
  - Age: ≥ 12 years old at index date
  - Pharmacy activity for ≥6 months following the index date *(proxy for continuous enrollment requirement)*
  - Patients with at least 5 paid prescriptions of lebrikizumab within 6 months after index date.
    - If a patient receives 5 lebrikizumab prescriptions (28-day supply), the first, consistent opportunity to move to Q4W dosing per the label is at Week 16. However, the first opportunity to identify an Q4W dosing interval in the data would be between fills five and six, Week 16 and 20.

LIMITATIONS

- Due to the recent FDA approval of lebrikizumab, the data reflect a limited time period and sample of patients with at least 5 lebrikizumab prescriptions.
- Data are collected for administrative purposes and not for research. These data may not reflect true diagnoses and treatment as coding issues, and misclassification, may occur. Medications may not be taken as prescribed by patients.
- As the IQVIA LAAD database is open source, there is a loss of visibility to healthcare activity and consumption outside of pharmacies and providers that participate in and contribute to the database. For example, patients may receive lebrikizumab induction dosing during clinical trials or via drug samples; thus, this drug utilization may not be captured in the IQVIA LAAD dataset. This could lead to misclassification bias in this analysis.
- Patients may be switching from prior biologic therapy for atopic dermatitis, which may impact dosing patterns. Additionally, prescribers may be prescribing off-label dosing.

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