Utilization of comedications in patients treated with bimekizumab in the dermatological setting: A retrospective analysis of German prescription claims data

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Objective

To evaluate the impact of bimekizumab (BKZ) on disease and non-disease specific comedication in patients treated in the dermatological setting in Germany

Background

- Bimekizumab is a humanized IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A[1]
- Although the benefits of BKZ in treating IL-17-mediated inflammatory diseases have been published in clinical trials, real-world evidence on the impact of BKZ on comedications in collective dermatologic populations in Germany remains limited[2,3]

Methods

- A retrospective cohort analysis was conducted using a German prescription claims database covering approximately 64 million statutorily health insured individuals
- Adult patients newly initiating BKZ between January 2022 and July 2025 in the dermatological setting (i.e. prescription from dermatologists) were included (index date = date of first BKZ prescription)
- Biologics treatment history was assessed over a 12-month pre-index period
- Use of comedications - including pain medications, antibiotics, glucocorticoids (GC), antidiabetics, antihypertensives, antidepressants, and lipid-lowering agents - was evaluated during −6 to 0 months pre-index without BKZ and during 0–6, 7–12, 13–18 and 19–24 months post-index under BKZ treatment
- Descriptive analyses were performed for bio-naïve and bio-experienced subgroups
- Absolute and relative reduction (AR & RR) in comedication prescription volume during period 19-24 months under BKZ treatment was evaluated using -6 to 0 months pre-index period without BKZ as reference

Results

Patient characteristics

- A total of 2,092 bio-naïve and 1,964 bio-experienced patients treated in dermatological setting with BKZ were included
- Bio-naïve and –experienced female BKZ patients were aged 46.8 and 51.6 years at index; for male patients age was 47.2 and 49.3 years (table 1)
- Within the 6 months prior to BKZ treatment start 8.2% (bioi-naïve) and 13.3% (bio-experienced) received at least one prescription of GCs (table 1)

Impact on comedications

- Proportion of patients needing pain medication or glucocorticoids dropped early after BKZ initiation and remained reduced through 24 months in both bio-naive and bio-experienced patients (Fig. 1)
- For other comedications the proportion of patients needing at least one prescription remained stable
- In those patients still needing comedications the prescription volume strongly decreased by 14% to 27% in bio-naïve patients in BKZ treatment period 19-24 months compared to pre-index period without BKZ (Fig. 2)
- Simultaneously, in bio-experience patients mean number of comedication prescriptions decreased by 13% to 25% (Fig. 2)
  - Except, mean number of GC prescriptions remained stable in bio-experienced BKZ patients.

Limitations

- Retrospective analysis of secondary data
- The prescription claims database does not contain any ICD-10 codes, therefore proportion with comorbid PsA is unclear
- The database does not contain any information on lifestyle changes which also might have had an effect on the utilizations of comedications
- No comparator substance was included; thus, it is unclear which effect can be attributed to BKZ

Summary & Conclusions

55–58% Fewer glucocorticoid users with BKZ

up to 27% Lower prescription volume Glucocorticoids and antidepressants

up to 23% Lower prescription volume Other comedications

This analysis indicates that treatment with bimekizumab is associated with a reduction in the use and prescription frequency of several concomitant medications in routine clinical practice in Germany.

This suggests potential benefits in decreasing the overall pharmacological burden in both bio-naive and –experienced bimekizumab patients in routine dermatological care

Table 1: Patient characteristics; *within the period -6-0 months prior to index; SD, standard deviation

	Bio-naive (n=2,092)	Bio-experienced (n=1,964)
Sex		
Male (M)	50.6%	45.0%
Female (F)	36.0%	40.6%
Unknown (U)	13.3%	14.4%
Age in years at index		
Mean (SD); Median	M: 47.2 (14.2); 46.0 F: 46.8 (15.1); 51.0 U: 49.6 (14.0); 48.0	M: 49.3 (13.2); 49.0 F: 51.6 (14.0); 53.0 U: 50.5 (13.6); 53.0
Comedications*		
Pain medication	39.9%	48.4%
Antibiotics	26.2%	26.1%
Glucocorticoids	8.2%	13.3%
Antidepressants	10.4%	14.3%
Antidiabetics	10.8%	13.3%
Dyslipidemics	12.7%	15.7%
Antihypertensives	29.9%	38.4%

Figure 1: Glucocorticoids and pain medication in BKZ treated patients

Shown is the proportion (95% CI) of patients needing at least one prescription of glucocorticoids or pain medication -6-0 months prior to index without BKZ and under BKZ treatment during the respective 6 months period; shown are also the absolute reduction in percentage points (pp) and relative reduction % of patients needing comedications in the respective periods vs. -6-0 months pre-index

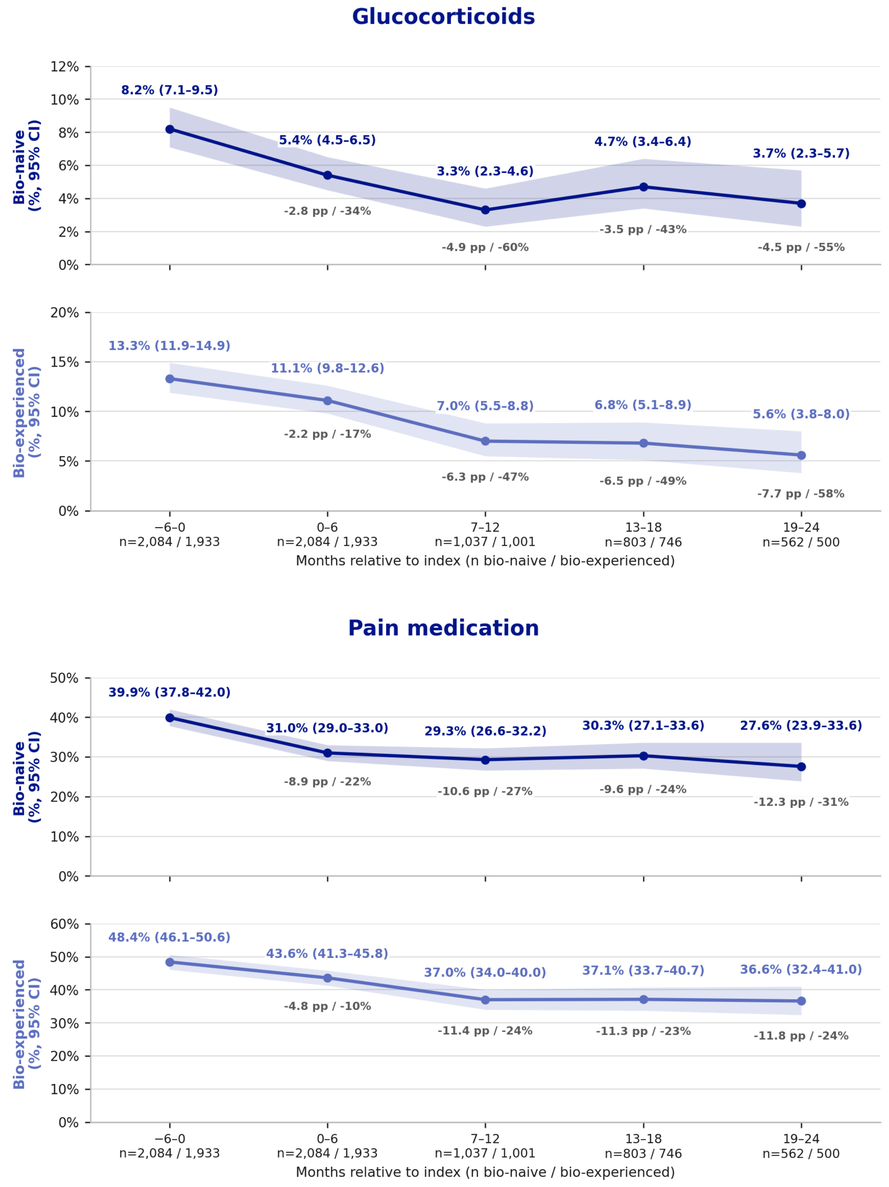
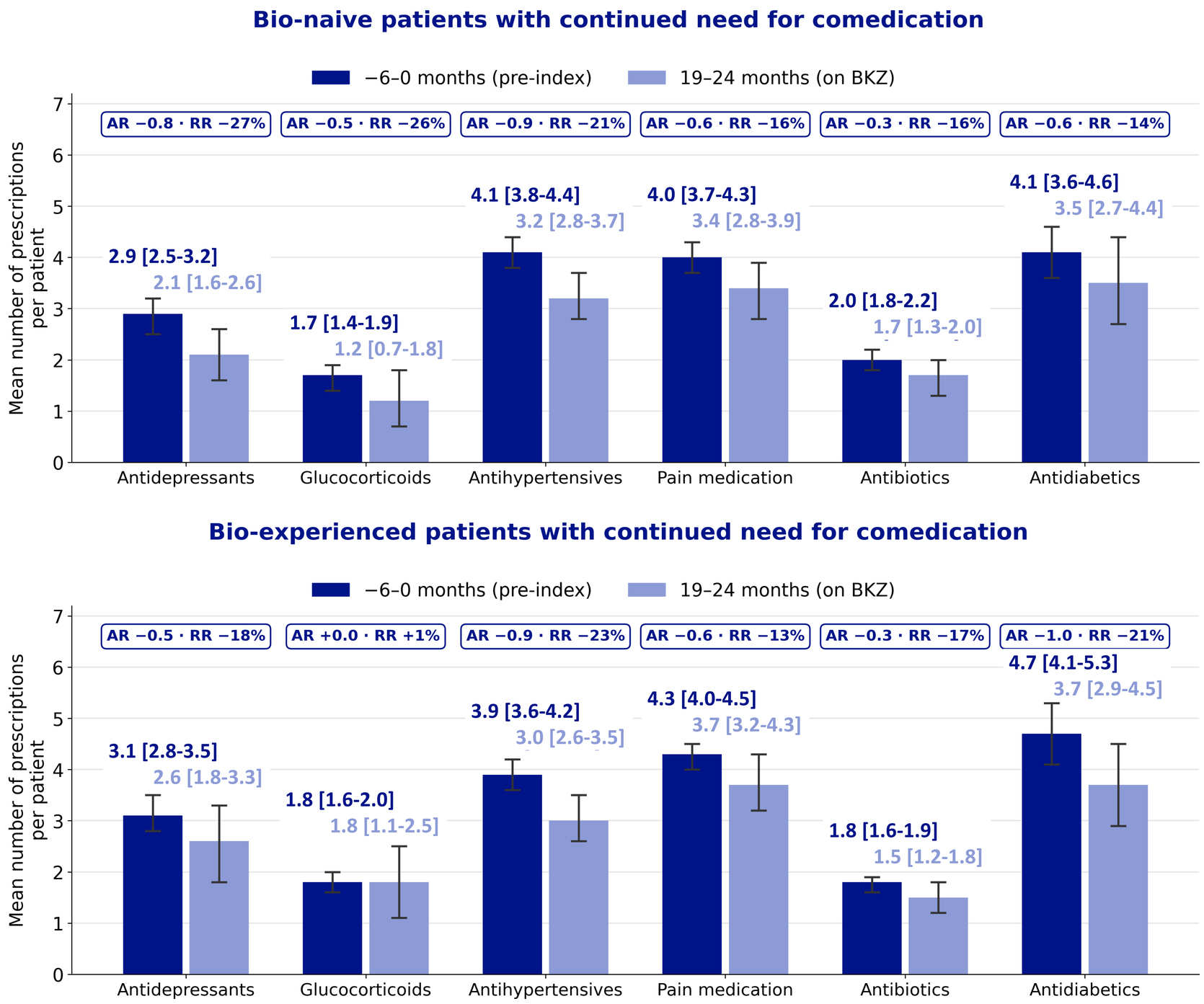


Figure 2: Prescription volume of comedications in BKZ treated patients

Shown is the mean number [95% CI] of comedication prescription in pre-index period (-6-0 months) and during months 19-24 of BKZ treatment; Analysis was performed only with patients still needing the respective comedication during BKZ treatment; AR, absolute reduction and RR, relative reduction of the respective comedicatio n prescription volume in period 19-24 months vs. -6-0 months



Abbreviations: **AR,** absolute reduction; **BKZ,** bimekizumab; **CI**, confidence interval; **IL**, interleukin; **F**, female; **M**, male; **PP**, percentage points; **RR**, relative reduction; **SD**, standard deviation; **U**, unknown

References: 1. . Fachinformation Bimzelx® 160 mg / - 320 mg Injektionslösung in einer Fertigspritze/im Fertigpen; aktueller Stand; 2. Kimball et al.; Lancet. 2024 Jun 8;403(10443):2504-2519. doi: 10.1016/S0140-6736(24)00101-6.; 3. Warren et al.; N Engl J Med. 2021 Jul 8;385(2):130-141. doi: 10.1056/NEJMoa2102388

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