Bimekizumab in patients with Hidradenitis suppurativa: A retrospective analysis of German prescription claims data

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Objective

To evaluate the persistence and impact of bimekizumab (BKZ) on the utilization of co-medications in patients with HS

Background

- Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory disease requiring long-term treatment strategies[1]
- Patients with HS indicate a high burden of disease, frequently suffering from pain, depression, diabetes, obesity and HS flares[2]
- Bimekizumab (BKZ) is a humanized IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A[3]
- Despite being approved for HS[2], real-world evidence remains limited

Methods

- This retrospective cohort analysis used a German prescription claims database covering approximately 64 million individuals insured under Germany's statutory health insurance system.
- Patients newly initiating BKZ (index date = date of first BKZ prescription), being treated in dermatological setting and demonstrating an HS-specific BKZ dosing pattern (320 mg every 2 weeks) during the 16-week initiation phase were included.
- Patients with biologic treatment within 12 months prior to index were considered bio-experienced.
- Treatment persistence was assessed via Kaplan–Meier methodology, defining discontinuation as no BKZ refill within the expected package duration plus a 60-day grace period.
  - Sensitivity analyses:
    - Applying a 30-day grace period
    - Analyzing a cohort with a start dosage pattern between HS and PsO patients (PsO: 320 mg every 4 weeks)
- Co-medication use (antibiotics, pain medication, glucocorticoids [GCs], antidepressants, antidiabetics, antihypertensives, lipid-lowering agents) was evaluated during three periods: 6 months pre-index (−6–0 months), and 0–6 and 7–12 months post-index.
  - Changes in co-medication utilization under BKZ were analyzed using 6 months pre-index period as reference

Results

Patient characteristics

- A total of 218 bio-naïve and 247 bio-experienced patients indicated a HS specific dosage pattern in the first 16 weeks after BKZ initiation and were included into the analysis
- Age of included patients ranged between 41.0 to 46.1 years
- In both bio-naïve and –experienced patients, the most frequent co-medications in 6 months pre-index period were antibiotics, pain medication and antihypertensives (table 1)

Persistence and impact of BKZ in co-medications

- Among patients with HS specific initiation dosing, the 12 months persistence was 81.3% and 82.9% in bio-naïve and –experienced patients (Fig. 1).
  - Sensitivity analysis showed similar persistence when grace period was reduced to 30 days or patients were analyzed who revealed a dosage scheme between PsO and HS during 16 week initiation phase (Table 2)
- During treatment with BKZ, the proportion of patients in need of antibiotics, pain medication and GCs strongly decreased by 48.3%,6.2% and 4.5% for bio-naive patients and 21.3%, 15.3% and 11.6% for bio-experienced patients in 7-12 months post-index (Fig. 2), respectively
- Among those still receiving antibiotics or pain medication the prescription volume decreased by 27% to 47% under BKZ treatment (Fig. 3)
- Proportion of patients needing antidepressant decreased only in bio-naïve patients under BKZ, whereas in bio-experienced patients the prescription volume decreased
- Finally, prescription volume of antidiabetics, antihypertensives and lipid lowering agents also decreased, whereas proportion of patients treated with the respective co-medications remained stable

Limitations

- Patients were identified as being HS based on initiation dosing scheme and not with confirmed diagnosis; this also leads to a selection bias
- Retrospective analysis of prescription claims and thus other reasons leading to reduction of co-medications (e. g. lifestyle change) could not be considered
- Pre-post analysis without including a comparator treatment, which limits the final conclusions

Summary & Conclusions

81.3–82.9% — **HS patients experienced a high 12 months persistence rate with BKZ treatment**

27%–47% — **Reduction in prescription volume of antibiotics and pain medication under BKZ**

48.3% — **Fewer bio-naïve patients needing antibiotics vs. pre-BKZ period (RR −69%)**

BKZ reduces disease and non-disease specific co-medications

Results may suggest an overall improvement in HS burden under BKZ

This real-world analysis shows a high 12-month BKZ persistence and a marked reduction in comedication use in likely HS patients.

In particular, the use of antibiotics decreased among bio-naïve HS patients who completed the BKZ initiation phase.

This suggests durable and deep responses to BKZ in routine clinical practice in both bio-naive and bio-experienced HS patients in Germany.

Table 1: Characteristics of BKZ patients at index; biologics pre-treatment status evaluated in 12 months period prior to index; *proportion of patients with at least one prescription within 6 months prior to index

	Bio-naive (n=218)	Bio-experienced (n=247)
Sex		
Male (M)	53.7%	46.2%
Female (F)	36.2%	44.5%
Unknown (U)	10.1%	9.3%
Age in years at index		
Mean (SD); Median	M: 43.4 (13.6); 43.0 F: 42.4 (12.2); 42.5 U: 41.0 (12.2); 40.0	M: 46.0 (12.0); 46.0 F: 46.1 (13.0); 48.0 U: 45.9 (9.0); 53.0
Comedications*		
Pain medication	54.1%	54.7%
Antibiotics	70.2%	42.5%
Glucocorticoids	6.0%	14.6%
Antidepressants	11.5%	18.6%
Antidiabetics	14.7%	16.2%
Dyslipidemics	9.2%	17.8%
Antihypertensives	28.9%	38.9%
MTX	1.4%	2.4%

Figure 1: 12-months persistence on BKZ using 60-day grace period

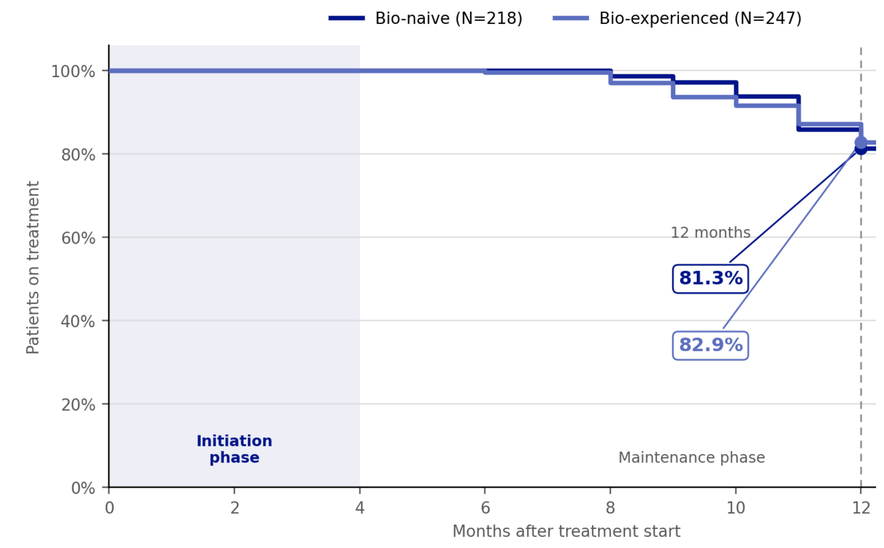


Table 2: Sensitivity analysis on 12-months persistence on BKZ

Sensitivity analysis	Bio-naive	Bio-experienced
Cohort with dosage of 320 mg Q2W to 320 mg Q4W	82.4%	78.6%
30-day grace period	80.5%	81.5%

Figure 2: Proportion of patients with at least one prescription of the respective co-medication -6 to 0 months prior to BKZ and 0-6 and 7-12 months under BKZ treatment; AR, absolute reduction; pp, percent points; RR, relative reduction

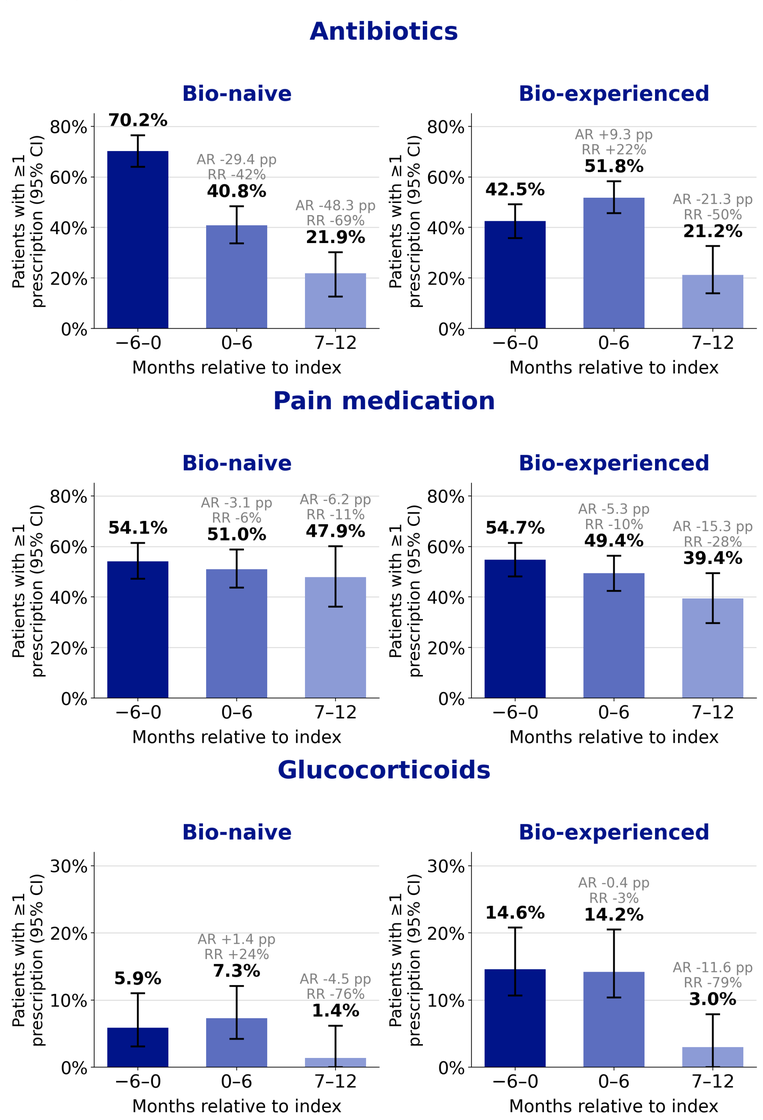


Figure 3: Mean number of prescription of the co-medication -6 to 0 months prior to index and 7-12 months after index under BKZ treatment; Error bars: 95% confidence interval (CI). Analysis restricted to patients with need for antibiotics or pain medication post-index.

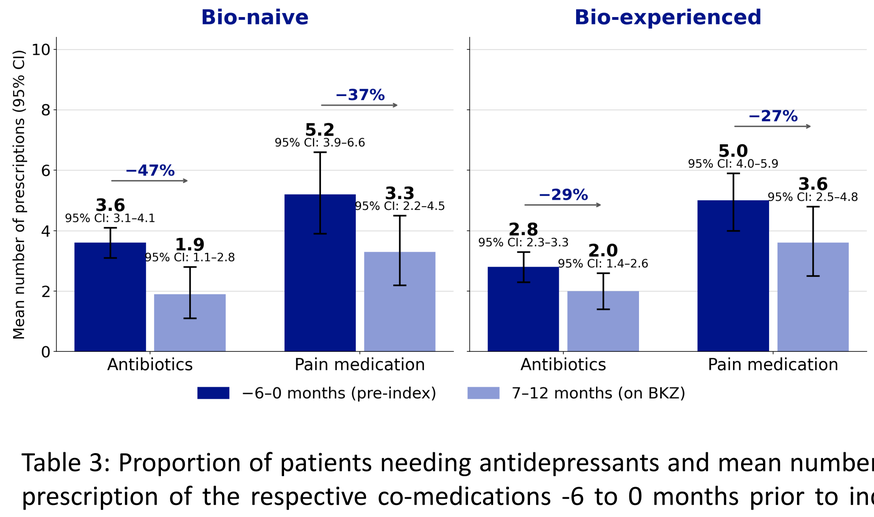


Table 3: Proportion of patients needing antidepressants and mean number of prescription of the respective co-medications -6 to 0 months prior to index and 7-12 months after index under BKZ treatment -6 to 0 months prior to index and 7-12 months after index under BKZ treatment; *Analysis restricted to patients with need for antibiotics or pain medication post-index.

Subgroup	Bio-naive		Bio-experienced	
Period	**-6 to 0 months (w/o BKZ)**	**7 to 12 months (with BKZ)**	**-6 to 0 months (w/o BKZ)**	**7 to 12 months (with BKZ)**
Proportion of patients needing at least one prescription of the co-medication in the respective period				
Antidepressants	11.5% (7.6%; 16.5%)	5.5% (1.5%; 13.4%)	18.6% (14.0%; 24.0%)	17.2% (10.3%; 26.1%)
Mean number (95% CI) of prescriptions in the respective periods*				
Antidepressants	3.1 (2.1; 4.2)	3.3 (0.0; 8.3)	3.3 (2.7; 3.9)	2.2 (1.6; 2.8)
Antidiabetics	4.3 (3.0; 5.7)	1.6 (1.2; 2.1)	4.5 (3.6; 5.4)	3.9 (2.5; 5.4)
Antihypertensives	4.2 (3.4; 5.0)	2.6 (1.5; 3.6)	4.1 (3.5; 4.7)	3.2 (2.4; 4.0)
Lipid lowering agents	2.1 (1.6; 2.5)	1.3 (0.8; 1.7)	2.4 (2.0; 2.7)	1.7 (1.2, 2.2)

Abbreviations: **AR**, absolute reduction; **BKZ,** bimekizumab; **CI**, confidence interval; **GC**, glucocorticoids; **HS**, Hidradenitis suppurativa; **F**, female; **M**, male; **pp**, percent points; **RR**, relative reduction; **U**, unknown

References: 1. Zouboulis et al. S2k-Leitlinie Therapie der Hidradenitis suppurativa / Acne inversa; AWMF-Registernr.: 013-012; 2. Bechara et al.; Burden of hidradenitis suppurativa in Germany: a retrospective claims data analysis and comparison with non-HS patients. J Dtsch Dermatol Ges. 2026 Feb 28. doi: 10.1111/ddg.70103; 3. Fachinformation Bimzelx® 160 mg / - 320 mg Injektionslösung in einer Fertigspritze/im Fertigpen; aktueller Stand

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