Real-World Dosing Patterns of Biologics for the Treatment of Hidradenitis Suppurativa

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Objective

To clarify dosing patterns of biologics adalimumab (ADA) and secukinumab (SEC) for hidradenitis suppurativa (HS) in clinical practice

Synopsis

- HS is a chronic, inflammatory disease of the hair follicle involving painful lesions predominantly in flexular sites.[1]
- Treatment approaches vary by disease severity and include biologics such as ADA and SEC for moderate-to-severe disease.[1]
- The United States (US) Food and Drug Administration recommended dosing for ADA in adult patients with moderate-to-severe HS is a loading dose of 160 mg followed by 80 mg at Day 15, with 40 mg weekly or 80 mg every 2 weeks (Q2W) maintenance dosing beginning Day 29. Recommended SEC dosing is 300 mg at Weeks 0, 1, 2, 3, and 4 (loading) and every 4 weeks thereafter (maintenance). If a patient does not adequately respond, the maintenance dosage may be increased to 300 mg/Q2W.[2,3]
- Despite established FDA dosing guidelines, real-world evidence is needed to better understand dosing patterns of biologics for the treatment of HS to inform clinical practice.

Methods

- Real-world patient data were sourced from the Optum Research Database which includes administrative claims and enrollment information for US patients.
- Eligible patients had ≥1 claim for ADA or SEC with an HS diagnosis code (ICD-10: L73.2; ICD-9: L705.83) between April 2017–September 2024 and continuous benefits enrollment for ≥3 months before and after their earliest biologic therapy claim (**Figure 1**).
- Dosing patterns were characterized by Month 1 average expected weekly dose and Month 2+ highest average expected weekly maintenance dose, based on label information among enrolled patients receiving treatment.
- Based on recommended dosing (see **Synopsis**), ADA Month 1 average expected weekly dose was 60 mg/week and Month 2+ average expected weekly maintenance dose was 40 mg/week. For SEC, Month 1 average expected weekly dose was 300 mg/week and Month 2+ average expected weekly maintenance doses were 75 and 150 mg/week.
- Continuous variables were reported as means with standard deviation (SD), and categorical variables as counts and percentages.

Results

- Baseline characteristics in the overall cohort and in patients receiving each treatment are described in **Table 1**.
  - The analysis included a total of 5,044 patients, including 4,472 receiving ADA and 572 receiving SEC.
- At 6 months of follow-up, 73.0% (n/N=2,913/3,988) of enrolled patients who initiated ADA were still receiving the treatment and 71.9% (n/N=291/405) of patients who initiated SEC were still receiving the treatment (**Figure 2**).
- Among patients receiving ADA, 74.9% filled a Month 1 average weekly dose of 60 mg/week. At 6 months 81.9% filled an average weekly maintenance dose of 40 mg/week (**Figure 3**).
- Among patients receiving SEC, 43.7% filled a Month 1 average weekly dose of 600 mg/week and 30.2% filled 300 mg/week. At 6 months, 42.3% filled 150 mg/week and 40.9% filled 75 mg/week (**Figure 3**).

Conclusion

In this real-world cohort of patients receiving biologics for the treatment of HS, dosing of ADA generally aligned with label guidance, while 43.7% of SEC Month 1 average weekly (loading) doses were 600 mg/week and 52.9% of SEC average maintenance doses were greater than 75 mg/week (300 mg/Q4W) at 6 months of follow-up.

At 6 months, almost 30% of enrolled patients on ADA and SEC had discontinued their index biologic treatment.

These findings underscore unmet needs and treatment dosing variability with SEC in HS management.

Summary

Real-world claims data were used to evaluate dosing patterns of biologics in clinical practice for the treatment of HS

At 6 months, **almost 30% of enrolled patients** on ADA and SEC had **stopped their initial biologic treatment**

	Expected doses		Observed average doses	
	Month 1	**Month 2+**	**Month 1**	**Month 2+**
ADA	Day 1 (loading): **160 mg** Day 15: **80 mg** Average: **60 mg/week**	Maintenance: **40 mg/week or 80 mg/Q2W** Average: **40 mg/week**	**Generally aligned** with recommended doses	
SEC	Weeks 0-4 (loading): **300 mg/week**	Maintenance: **300 mg/Q4W or Q2W** (if inadequate response) Average: **75 or 150 mg/week**	**43.7%** of average loading doses were **600 mg/week**	**52.9%** of maintenance doses were **greater than 300 mg/Q4W**

Figure 1 Patient flow diagram

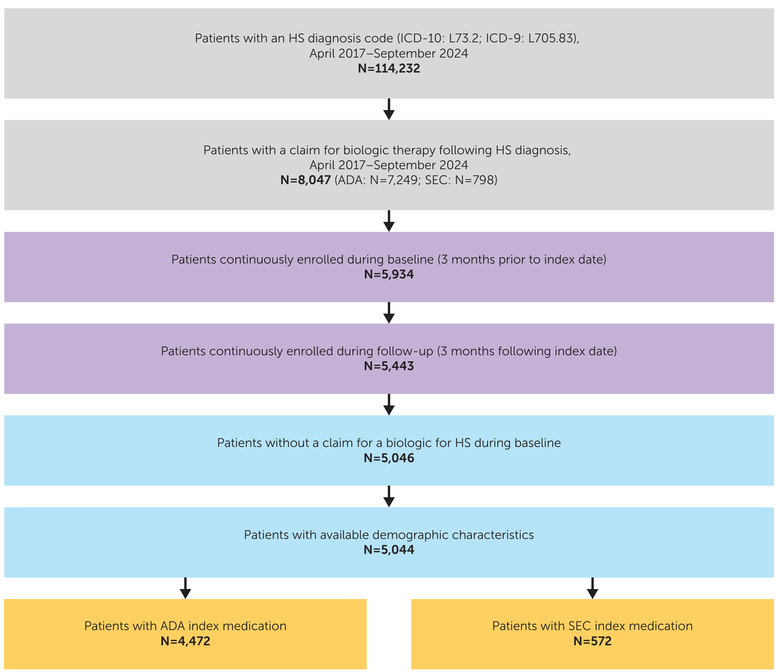


Table 1 Baseline demographic and disease characteristics in the overall cohort and in patients receiving ADA and SEC

Characteristic	Overall (N=5,044)	Adalimumab (N=4,472)	Secukinumab (N=572)
Sex, n (%)			
Female	3,778 (74.9)	3,355 (75.0)	423 (74.0)
Male	1,266 (25.1)	1,117 (25.0)	149 (26.1)
Age (years)			
Mean (SD)	39.8 (13.7)	39.3 (13.6)	43.7 (13.9)
Race/ethnicity, n (%)			
White[a]	2,678 (53.1)	2,415 (54.0)	263 (46.0)
Black[a]	1,045 (20.7)	933 (20.9)	112 (19.6)
Missing	598 (11.9)	466 (10.4)	132 (23.1)
Hispanic	517 (10.3)	469 (10.5)	48 (8.4)
Asian[a]	112 (2.2)	104 (2.3)	8 (1.4)
Other/Unknown	94 (1.9)	85 (1.9)	9 (1.6)
Region, n (%)			
South	2,840 (56.3)	2,520 (56.4)	320 (55.9)
Midwest	1,169 (23.2)	1,056 (23.6)	113 (19.8)
West	641 (12.7)	564 (12.6)	77 (13.5)
Northeast	392 (7.8)	330 (7.4)	62 (10.8)
Other	2 (0.0)	2 (0.0)	0 (0.0)
Insurance, n (%)			
Commercial	4,086 (81.0)	3,692 (82.6)	394 (68.9)
Medicare Advantage	958 (19.0)	780 (17.4)	178 (31.1)
Index Year, n (%)			
2017	351 (7.0)	341 (7.6)	10 (1.8)
2018	566 (11.2)	544 (12.2)	22 (3.9)
2019	616 (12.2)	599 (13.4)	17 (3.0)
2020	578 (11.5)	559 (12.5)	19 (3.3)
2021	676 (13.4)	654 (14.6)	22 (3.9)
2022	734 (14.6)	704 (15.7)	30 (5.2)
2023	768 (15.2)	708 (15.8)	60 (10.5)
2024	755 (15.0)	363 (8.1)	392 (68.5)
Follow-Up Duration (days)			
Mean (SD)	308.0 (82.4)	315.6 (78.2)	249.3 (90.5)
Median (Q1, Q3)	360.0 (261.0, 360.0)	360.0 (296.0, 360.0)	251.5 (166.0, 360.0)

[a] White, Black, and Asian patients were non-Hispanic.

Figure 2 Proportion of enrolled patients receiving ADA and SEC through 6 months

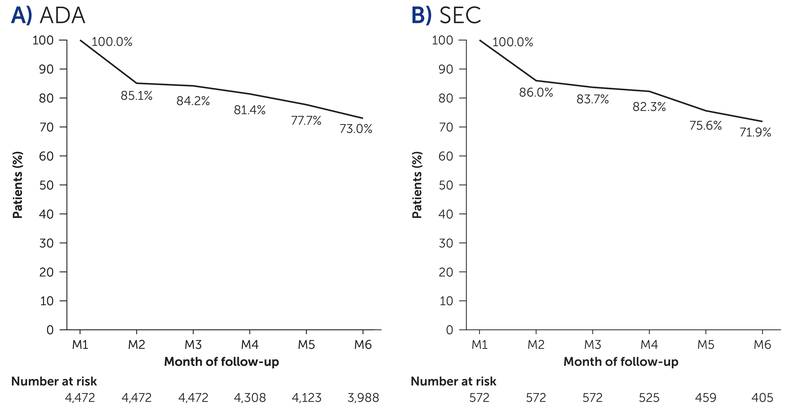
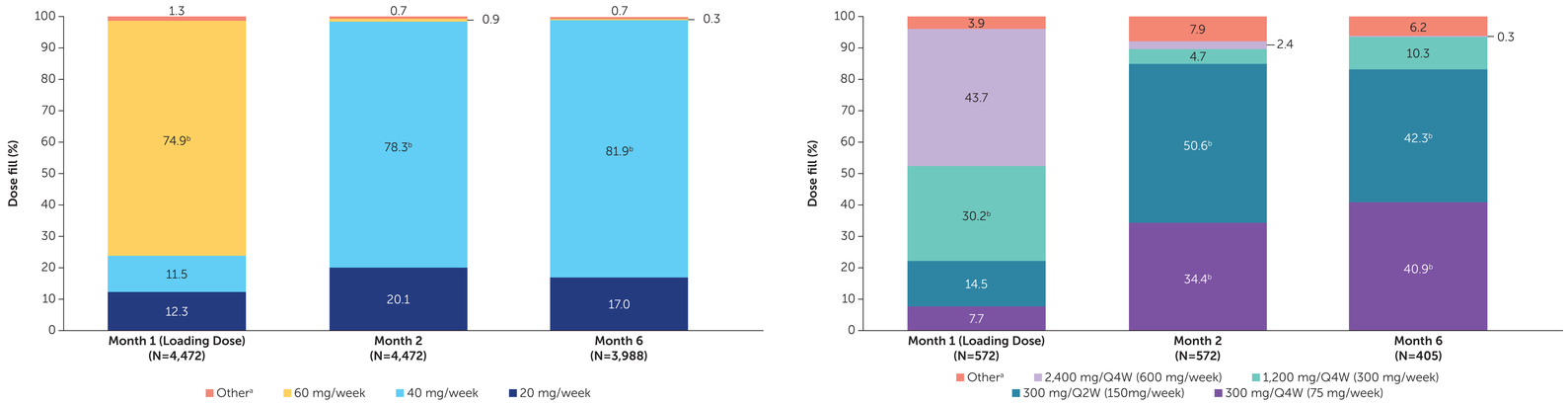


Figure 3 Average dose fill of ADA and SEC through 6 months



[a] For ADA loading doses, "Other" included 5, 10, 18.5, 26.7, 30, 32, 48, 80, 120, and 160 mg/week. For SEC loading doses, "Other" included 37.5, 93.8, 187.5, and 225 mg/week; **[b]** FDA-recommended dosing.

ADA: adalimumab; **HS:** hidradenitis suppurativa; **ICD:** International Classification of Diseases; **M:** month; **Q:** quartile; **Q2W:** every 2 weeks; **Q4W:** every 4 weeks; **SEC:** secukinumab; **SD:** standard deviation; **US:** United States.

References: [1]Sabat R et al. Lancet. 2025;405(10476):420–438; [2]Abbvie. Adalimumab Prescribing Information. 2024; [3]Novartis. Secukinumab Prescribing Information. 2024. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **PO**, **BC**, **LB**, **CO**, **JN**; drafting of the publication, or reviewing it critically for important intellectual content: **PO**, **BC**, **LB**, **CO**, **JN**; and final approval of the publication: **PO**, **BC**, **LB**, **CO**, **JN**. **Author Disclosures: BC, LB:** Employees of Optum. **PO, CO, JN:** Employees and shareholders of UCB. **Acknowledgments:** This study was funded by UCB. We would like to thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Ari Navetta, BS, and Quinn Ho, PhD, of Costello Medical, Boston, MA, for medical writing, and the Costello Medical Creative team for graphic design assistance. All costs associated with development of this poster were funded by UCB.

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