

US Adolescents' Experience With Abrocitinib: Real-World Characteristics in Patients With Moderate-to-Severe Atopic Dermatitis

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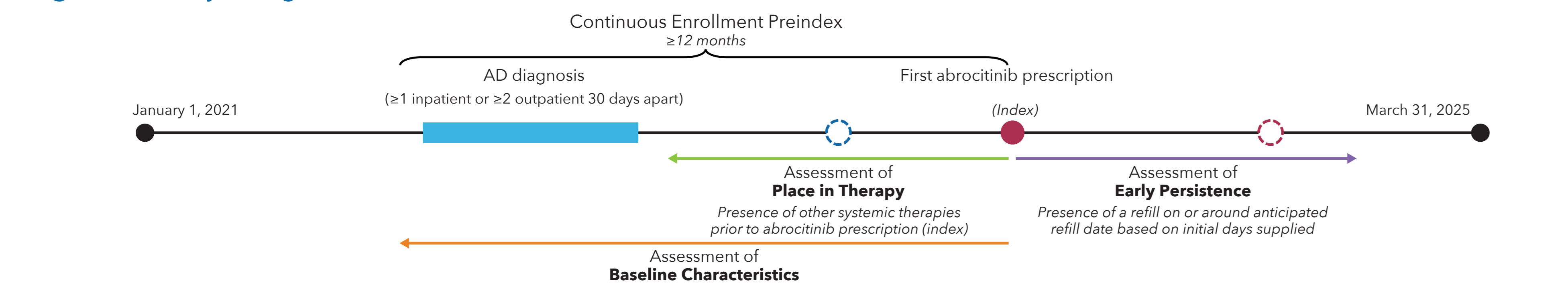
BACKGROUND

- Atopic dermatitis (AD) is a common, chronic, inflammatory skin disorder characterized by recurrent eczematous skin lesions and pruritus with heterogeneous skin manifestations, symptoms, and severity¹
 - The age of AD onset is variable, with the highest incidence of onset in childhood²
 - Approximately 40% of adolescent patients with AD have moderate-to-severe disease³
- Abrocitinib is an oral, once-daily, Janus kinase 1-selective inhibitor approved for the treatment of adults and adolescents aged 12 to 17 years with moderate-to-severe AD by the US Food and Drug Administration (FDA) in 2023⁴
 - The FDA approval was based on JADE TEEN (NCT03796676), a phase 3, randomized, double-blind, placebo-controlled study evaluating abrocitinib 200 mg or 100 mg or placebo in combination with topical therapy in adolescents aged 12 to 17 years with moderate-to-severe AD⁵
- Real-world studies are needed to further understand the clinical utilization of abrocitinib in adolescent patients with moderate-to-severe AD

OBJECTIVE

- To characterize the following for adolescents treated with abrocitinib since approval in the US, using real-world data:
 - Demographics and baseline characteristics
 - The positioning of abrocitinib in the AD treatment journey
 - Early persistence, defined as the proportion of abrocitinib initiators who refilled their treatment within 60 days of first fill⁶

Figure 1. Study Design



AD, atopic dermatitis. The blue dotted line circle represents adolescents with ≥ 1 fill (paid claim) for abrocitinib between February 10, 2023, and March 31, 2025. The red filled circle is the date of the first fill and defined as the index date. The red dotted line circle is a refill on or around the anticipated refill date based on initial days supplied. The black and purple lines continue because there was no minimum follow-up requirement (inclusive).

METHODS

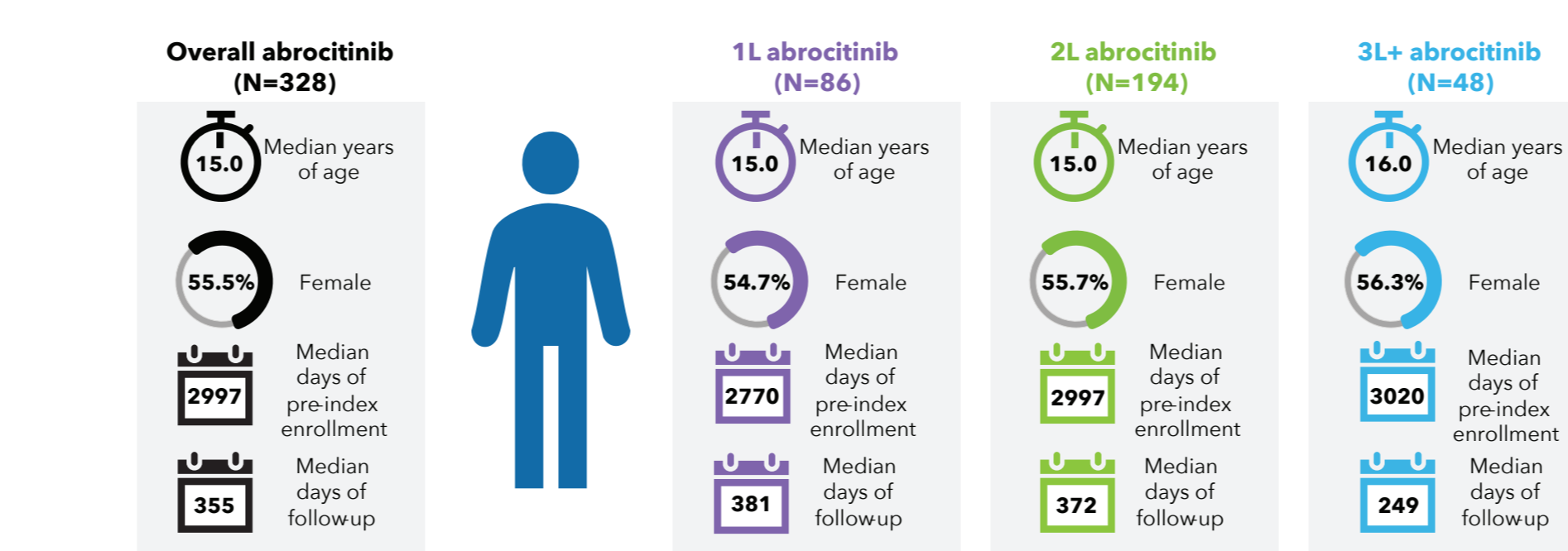
- This noninterventional, retrospective cohort study evaluated adolescent patients aged 12 to 17 years with AD treated with abrocitinib in the US from the Komodo Health platform (January 1, 2021-March 31, 2025) (Figure 1)
 - The Komodo Healthcare Map™ contains prescription and/or medical claims of >120 million individuals collected from >150 private insurers in the US, including Medicaid Managed Care and Medicare Advantage plans
- The adolescent abrocitinib population was defined using the following:
 - Patients with ≥ 1 inpatient claim or ≥ 2 outpatient claims ≥ 30 days apart for a diagnosis of AD (*International Classification of Diseases, Tenth Revision, Clinical Modification: L20.x*) any time preindex
 - Identification period: ≥ 1 fill (paid claim) for abrocitinib between February 10, 2023 (FDA approval date of abrocitinib in adolescents), and March 31, 2025
 - Index date: Date of first claim for abrocitinib during the identification period
 - Baseline period: ≥ 12 months of continuous enrollment prior to the index date (exclusive)
 - No gap in continuous enrollment was allowed
 - All available baseline data and medication history were used to assess for AD diagnosis
 - Follow-up period: no minimum follow-up requirement (inclusive)
- Demographic and baseline characteristics were assessed descriptively overall and by treatment positioning of abrocitinib (first line [1L], second line [2L], or third line plus additional lines [3L+]) relative to other approved advanced treatments for AD, including abrocitinib, dupilumab, tralokinumab, upadacitinib, lebrikizumab, and nemolizumab
 - Treatment positioning of abrocitinib in therapy was assessed using all data prior to the index date
 - A change in line of therapy was considered any time a new advanced treatment was observed as a claim
- Early persistence was defined as the proportion of abrocitinib initiators who refilled their treatment within 60 days of first fill and summarized using descriptive statistics⁶
- Missing data were reported as a separate missing category

RESULTS

Demographics

- A total of 328 patients met the inclusion criteria, with a median age at treatment initiation of 15 years old, a median follow-up time of 355 days, and a median pre-index enrollment time of 2997 days (Figure 2)
- Demographics were similar across lines of abrocitinib treatment

Figure 2. Baseline Demographics of Adolescents Receiving Abrocitinib

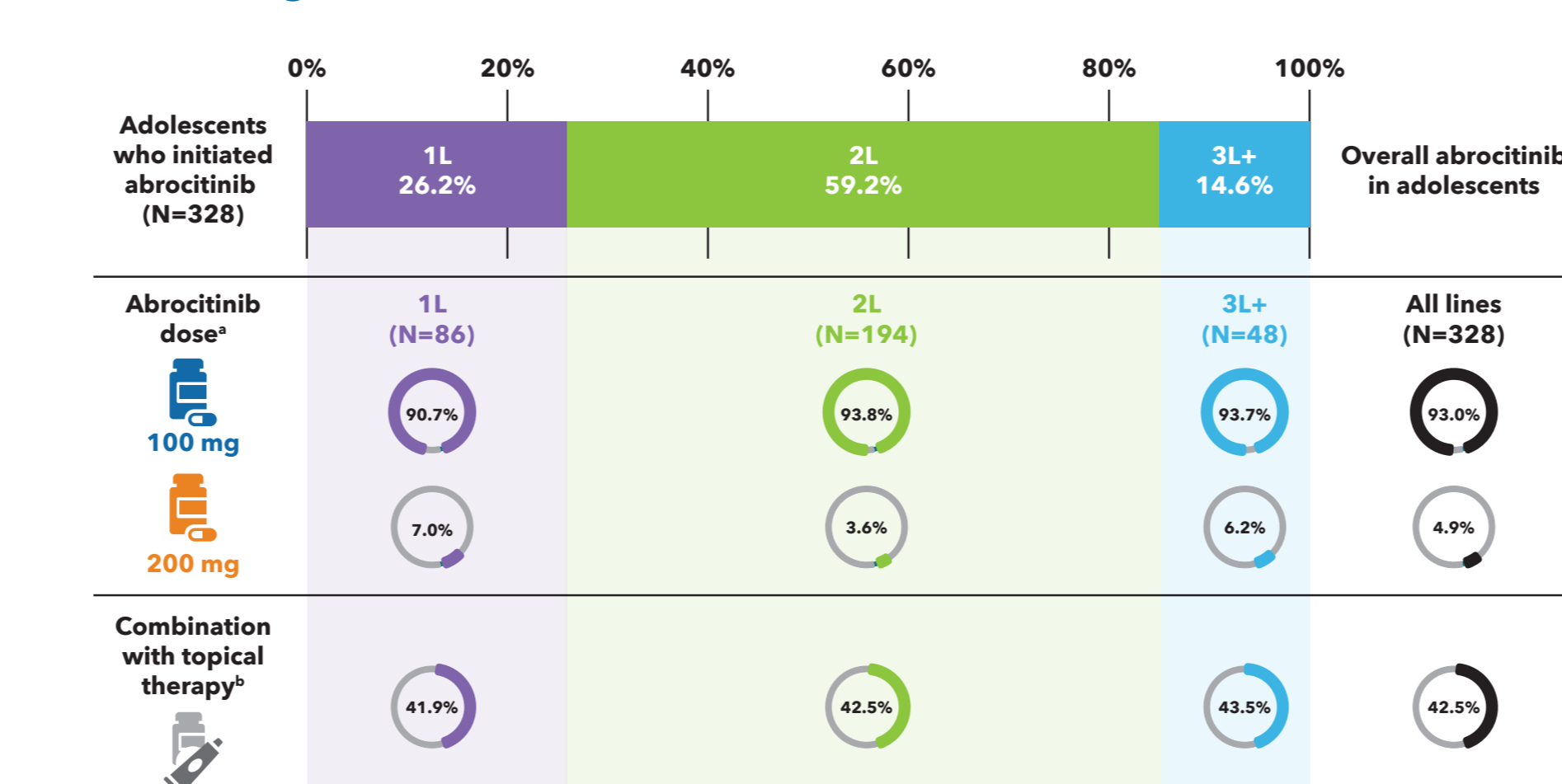


1L, first line; 2L, second line; 3L+, third line plus additional lines.

Treatment Journey

- Abrocitinib was most frequently received as 2L advanced systemic treatment (59.2%), although 26.2% of patients received 1L abrocitinib (Figure 3)
- Most adolescent patients (93.0%) received abrocitinib 100 mg, regardless of line of therapy
- Coprescription with topical therapies at abrocitinib initiation was present in less than half (42.5%) of patients

Figure 3. Treatment Journey for Adolescent Patients Receiving Abrocitinib



1L, first line; 2L, second line; 3L+, third line plus additional lines.

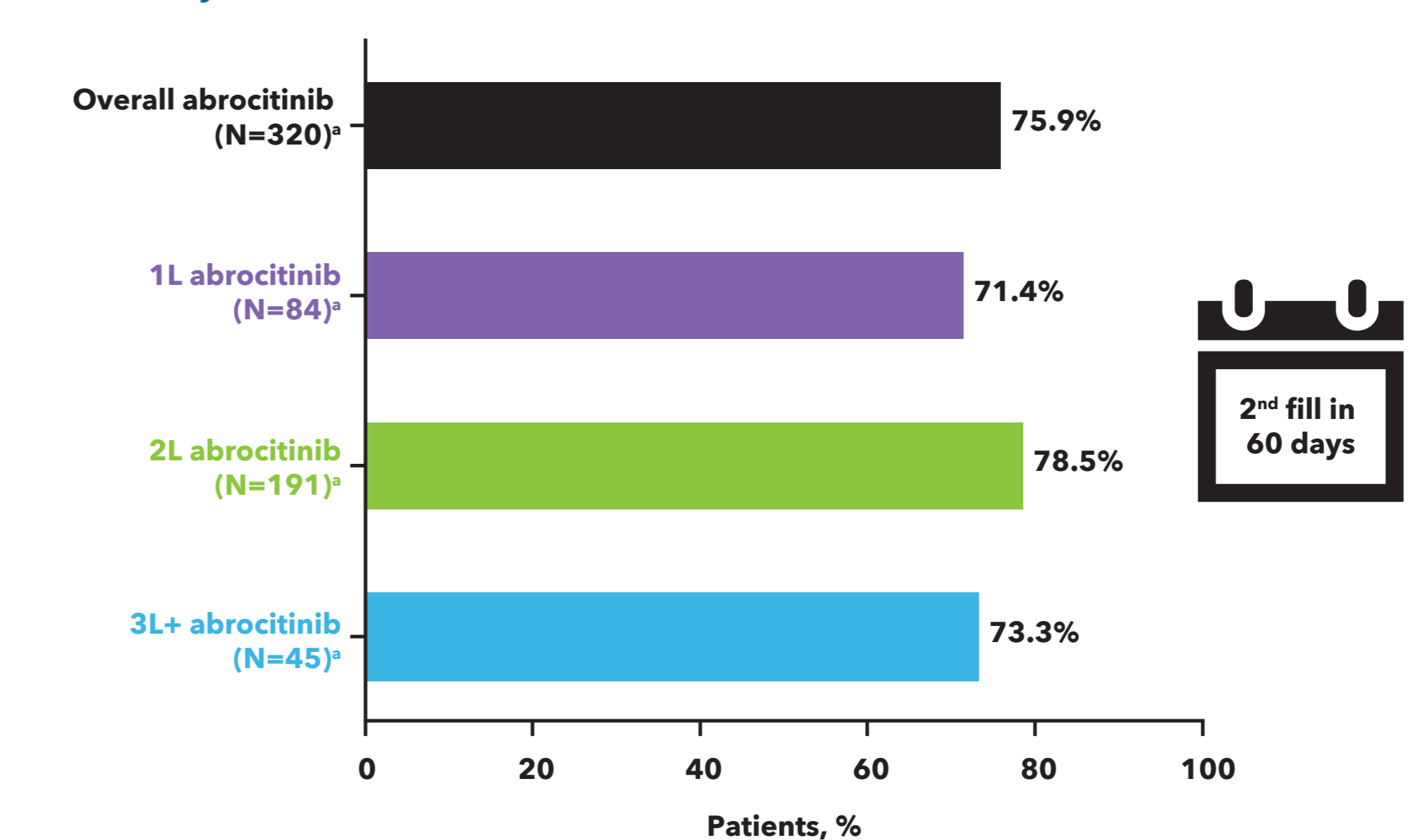
*Percentages do not add up to 100%; remaining patients received abrocitinib 50 mg. The percentages below the bar graph are for those patients who received the treatment for that line of therapy. For example, 26.2% (n=86) received abrocitinib 1L and of those 86 patients, 90.7% received the abrocitinib 100-mg dose.

*Received topical treatment within 30 days of abrocitinib initiation.

Early Persistence

- Early persistence was observed among 75.9% of patients (Figure 4)
- The majority of prescriptions were prescribed by dermatologists and physician assistants/nurse practitioners, regardless of line of therapy (Figure 5)

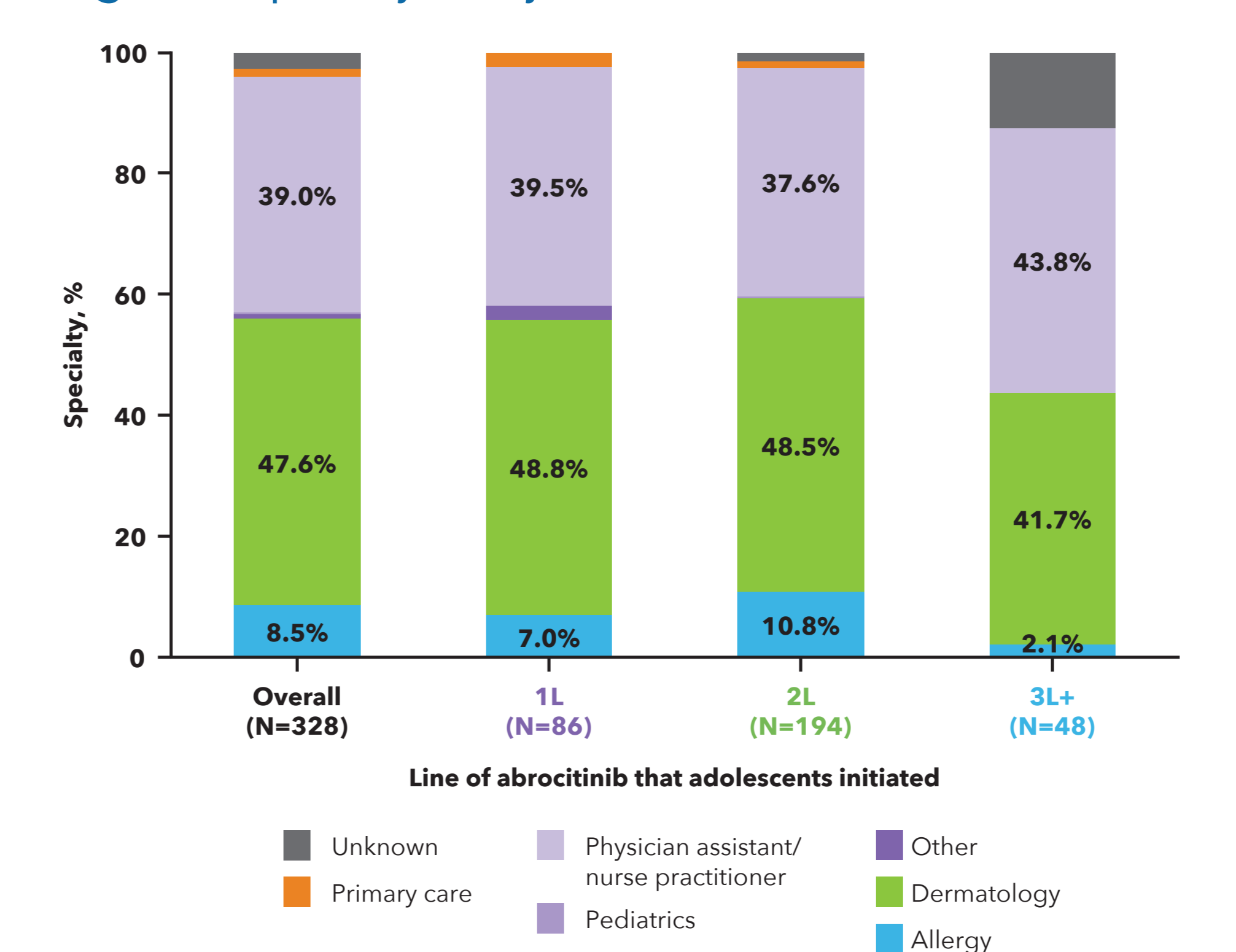
Figure 4. Patients With Second Fill of Abrocitinib Within 60 Days



1L, first line; 2L, second line; 3L+, third line plus additional lines.

*Patients with ≥ 60 days of follow-up.

Figure 5. Specialty of Physicians Who Prescribed Abrocitinib



1L, first line; 2L, second line; 3L+, third line plus additional lines.

LIMITATIONS

- Claims data are subject to data coding inaccuracies, data entry errors, and missing data
- Claims data lack the clinical information to determine AD disease severity; the study population is identified based on general AD diagnosis codes only
- Since abrocitinib was only approved for adolescents in 2023, the sample size for the adolescent cohort is relatively small

CONCLUSIONS

- To our knowledge, this was the first real-world study exploring adolescent patients with moderate-to-severe AD who were treated with abrocitinib
- Real-world adolescents initiated abrocitinib primarily as 2L advanced systemic treatment, with one-fourth initiating as 1L
- Over half of patients received abrocitinib as monotherapy and had no coprescription with topical therapy
 - This may be related to the rapid improvement in AD symptoms previously reported for abrocitinib monotherapy^{7,8}
- Longer postapproval follow-up in future studies will allow for further real-world evaluation of abrocitinib utilization and outcomes in adolescents

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DISCLOSURES

MRG receives consulting fees from Regeneron, Sanofi, and AstraZeneca. AR and BC are employees of Genesis Research Group and paid consultants for Pfizer Inc. in connection with this study. AS, GB, AS, and MW are employees and stockholders of Pfizer Inc.

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