National Eczema Association

May 13, 2024

Maryland Prescription Drug Advisory Board (MD-PDAB)
Subject Line: Therapeutic Alternatives - Dupixent
Sent Via Email comments.pdab@maryland.gov

Dear PDAB Board Members and Staff:

The National Eczema Association submits these comments in response to MD-PDAB's request for comments on therapeutic alternatives – Dupixent.

The National Eczema Association (NEA) is a non-profit, 501(c)(3) organization that is the voice for more than 31 million Americans and their families who are living with eczema. NEA is the driving force for an eczema community fueled by knowledge, strengthened through collective action and propelled by the promise for a better future.

Eczema is the name for a group of conditions that cause the skin to become itchy, inflamed, and have rash-like lesions. Atopic dermatitis (AD) is the most common and chronic form of eczema, affecting more than 9.6 million children[1] and 16.5 million adults[2] of all races and ethnicities in the United States[3]. We are in the midst of a new era of care for eczema patients with several new FDA-approved therapies for AD, and dozens more in the drug discovery pipeline, which are transformative in their ability to ease numerous physical, psychological, and quality of life burdens of eczema[4 5 6].

We also recognize that these groundbreaking therapies are presenting emerging coverage, access, and out-of-pocket (OOP) cost barriers for the diverse eczema community. Forty-two percent of individuals affected by AD spend $1,000 or more on annual OOP costs for disease management[7]. Black race, worse AD severity, Medicaid insurance, and the use of three or more AD therapies are associated with higher OOP costs[8 9].

Therefore, while we applaud the state of Maryland for tasking the Prescription Drug Affordability Board to address the cost of prescription treatments, we would like to share our

[1] Shaw TE, Currie GP, Koudelka CW, Simpson EL. Eczema prevalence in the United States: data from the 2003 National Survey of Children's Health. J Invest Dermatol. 2011;131(1):67-73.
[2] Chiesa Fuxench ZC, Block JK, Boguniewicz M, et al. Atopic Dermatitis in America Study: A Cross-Sectional Study Examining the Prevalence and Disease Burden of Atopic Dermatitis in the US Adult Population. J Invest Dermatol. 2019;139(3):583-590.
[3] Hanifin JM, Reed ML, Eczema Prevalence and Impact Working Group. A population-based survey of eczema prevalence in the United States. Dermatitis. 2007;18(2):82-91.
[4] Drucker AM, Wang AR, Li WQ et al. The burden of Atopic Dermatitis: Summary of a report for the National Eczema Association. J Invest Dermatol. 2017;137(1):26-30.
[5] Chiesa Fuxench ZC, Block, JK, Boguniewicz M, et al. Atopic dermatitis in America study: A cross-sectional study examining the prevalence and disease burden of atopic dermatitis in the US adult population. J Invest Dermatol.2019;139(3):583-590.
[6] Silverberg J, Gelfand J, Margolis D et al. Patient burden and quality of life in atopic dermatitis in US adults. Ann Allergy Asthma Immunol. 2018;121(3):340-347.
[7] Smith Begolka, W., Chovatiya, R., Thibau, I.J. & Silverberg, J.I. Financial Burden of Atopic Dermatitis Out-of-Pocket Health Care Expenses in the United States. Dermatitis 32, S62-S70. 2021
[8] Chovatiya, R., Begolka, W.S., Thibau, I.J. & Silverberg, J.I. Financial burden and impact of atopic dermatitis out-of-pocket healthcare expenses among black individuals in the United States. Arch. Dermatol. Res. 2021: 10.1007/s00403-021-02282-3.
[9] Chovatiya, R., Begolka, W.S. Thibau, I.J. & Silverberg, J.I. Impact and Associations of Atopic Dermatitis Out-of-Pocket Health Care Expenses in the United States. Dermatitis. 2021. Doc: 10.1097/DER.0000000000000795.

concerns surrounding the proposed therapeutic alternatives for Dupixent (dupilumab) and potential unintended consequences for adults and children with AD.

1. **AD is clinically heterogenous and protean in nature. Treatment decisions that best address disease burden should be made between the healthcare provider and patient.[10]**

   The clinical and lived experience burdens of AD are numerous and multidimensional[11], necessitating the need for effective treatment options over the short- and long-term to achieve optimal disease control. In addition, the list of serious comorbid conditions associated with uncontrolled, more severe AD has grown to include multiple atopic, allergic, immune-mediated, bone and mental health conditions, infections and more[12]. Collectively this highlights the need for access to all available therapeutic options to best address disease and patient diversity for this chronic disease.

   Shared decision making (SDM) across medicine has been shown to lead to improved patient treatment adherence, enhance healthcare provider-patient communication and trust, and improve quality of care and outcomes. Decisions regarding selecting and/or changing therapies should be based on clinical, patient reported, quality of life and patient preference considerations. While several therapeutic options have been proposed should the availability of dupilumab change for Maryland residents on state-based insurance plans, this could negatively impact the SDM process and potentially clinical and patient-reported outcomes.

2. **Several of the therapeutic alternatives listed are not FDA-approved for AD or carry boxed warnings for their usage.**

   Omalizumab, mepolizumab and benralizumab are FDA-approved to treat asthma, but are not FDA-approved to treat AD. None of these biologics are included in recently published (2023) clinical practice guidelines from the American Academy of Dermatology[13] or the American Academy of Asthma, Allergy & Immunology[14]. Available data related to the use of omalizumab for AD is limited to case series, case reports, and smaller clinical trials, with conflicting results[15]. Phase 2 randomized clinical trial data

[10] The SHARE Approach: A Model for Shared Decisionmaking – Fact Sheet. Content last reviewed September 2020. Agency for Healthcare Research and Quality, Rockville, MD. AHRQ: https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html
[11] Elsawi, R., Dainty, K. & Smith Begolka, W.; et al. The Multidimensional Burden of Atopic Dermatitis Among Adults. JAMA Dermatol. 2022 Aug 1;158(8):887-892. doi: 10.1001/jamadermatol.2022.1906.
[12] Davis, D., Drucker, A.M. & Alikhan, A.; et al. American Academy of Dermatology Guidelines: Awareness of comorbidities associated with atopic dermatitis in adults. J Am Acad Dermatol. 2022 Jun;86:1335-6. doi: 10.1016/j.jaad.2022.01.009
[13] Davis, D., Drucker, A.m., Alikhan, A.; et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2023 Nov 7;0190-9622. doi: 10.1016/j.jaad.2023.08.102
[14] Chu, D.K., Schneider, L & Asiniwasis, R.N; et al. Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE – and Institute of Medicine-based recommendations. Ann Allergy Asthma Immunol. 2024 Mar;132(3)274-312. Doi: 10.1016/j.anai.2023.11.009
[15] Boguniewicz, M. Biologics for Atopic Dermatitis. Immunol Allergy Clin North Am. 2020 Nov;40(4):593-607. Doi: 10.1016/j.iac.2020.06.004

examining benralizumab[16] in adults and adolescents with moderate to severe AD indicated no evidence of treatment benefit on the signs, symptoms, or severity of disease. The phase 2 RCT of mepolizumab was terminated early due to lack of clinical benefit[17].

In addition, several of the proposed alternative therapies (i.e., tacrolimus, abrocitinib, and upadacitinib) carry boxed warnings. Although each of these medications has established efficacy for moderate to severe AD, these boxed warnings have clinical implications for appropriate patient selection and potential monitoring requirements[18] [19], as well as raise important long-term safety questions and concerns from patients and caregivers that may impact their treatment preference and adherence.

Additionally, NEA-conducted research suggests that nearly one-third of biologics prescriptions encounter some form of delay or denial, with step therapy accounting for the majority of utilization management approaches[20]. As such, almost all patients who are on dupilumab had to fail topical tacrolimus.

3. **Several of the therapeutic alternatives are not FDA-approved for children with AD .**

   Management of moderate to severe AD in children is challenging as limited therapeutic options are available, and parents/caregivers often have significant concerns about the long-term safety of AD treatments[21].

   Tralokinumab, abrocitinib, and upadacitinib are not FDA-approved for pediatric patients aged 0-11 years. Dupilumab is the only non-immunosuppressive systemic therapy approved for children to date (age 6 months+). Topical tacrolimus is also only FDA-approved for children ages 2 and above.

4. **We are concerned that patients will not be able to access the treatment that is currently working for them**.

   We are concerned that additional cost and/or access issues could be an unintended consequence of MD-PDAB deliberations, should the availability of Dupixent for Maryland residents' change for those using state-based insurance plans.

[16] Guttman-Yassky, E., Bahadori, L., Clark, K.L.; et al. Lack of effect of benralizumab on signs and symptoms of moderate-to-severe atopic dermatitis: Results from the phase 2 randomized, double-blind, placebo-controlled HILLIER trial. J Eur Acad Dermatol Venereol. 2023;37:e1211-e1214. doi: 10.1111/jdv.19195
[17] GlaxoSmithKline. Efficacy and Safety Study of Mepolizumab in Subjects With Moderate to Severe Atopic Dermatitis. ClinicalTrials.gov identifier: NCT03055195. Updated February 25, 2020. Accessed May, 3 2024. https://clinicaltrials.gov/study/NCT03055195
[18] Butala, S., Castelo-Soccio, L., Seshadri, R.; et al. J Allergy Clin Immunol Prac. 2023 May;11(5):1361-1373. doi: 10.1016/j.jaip.2023.03.011
[19] Chu, A.W.L, Wong, M.M. & Rayner, D.G.; et al. J Allergy Clin Immunol. 2023 Dec;152(6):1470-1492. Doi: 10.1016/j.jaci.2023.08.029
[20] Loiselle, A.R., Thibau, I.J. & Guadalupe, M. A patient survey to identify atopic dermatitis prescription treatment access barriers. J Am Acad Dermatol. 2022: 10.1016/j.jaad.2022.06.073
[21] McCleary, K.K. More Than Skin Deep 'Voice of the Patient' Report. (2020). https://www.morethanskindeep-eczema.org/report.html

National Eczema Association

Published scientific literature indicates that non-medical switching, which the NIH defines as, "a change in a stable patient's prescribed medication to a clinically distinct, non-generic, alternative for reasons other than poor clinical response, side-effects or non-adherence" has multiple negative influences on medical outcomes and healthcare utilization[22]. Non-medical switching had mostly negative effects in patients who were stable on a medication, including reduced medication adherence and poorer disease control[23] [24]. NEA-conducted research also indicates that 50% of AD patients experienced an insurance delay/denial in the past year across all currently available AD topical and systemic therapies[20]. Our research further highlighted the most commonly reported result of these access issues was a disease flare[25].

As you continue discussions, please consider us a resource on efforts to improve patient care and address cost, coverage, and access challenges. You can reach out to Michele Guadalupe, Director of Advocacy and Access, at michele@nationaleczema.org with any questions.

Sincerely,

Julie Block, President & CEO

Shawn Kwatra, MD
University of Maryland School of Medicine, Department of Dermatology Chairman,
Joseph W. Burnett Endowed Professor

Joy Wan, MD, MSCE
Assistant Professor of Dermatology
Johns Hopkins University School of Medicine

[22] J Mark Access Health Policy. 2020; 8(1): 1829883. Published online 2020 Oct 5. doi: 10.1080/20016689.2020.1829883
[23] Nguyen, Elaine et al. "Impact of non-medical switching on clinical and economic outcomes, resource utilization and medication-taking behavior: a systematic literature review." Current medical research and opinion vol. 32,7 (2016): 1281-90. doi:10.1185/03007995.2016.1170673
[24] Gilbert, Ileen et al. "The Impact of a Forced Non-Medical Switch of Inhaled Respiratory Medication Among Patients with Asthma or Chronic Obstructive Pulmonary Disease: A Patient Survey on Experience with Switch, Therapy Satisfaction, and Disease Control." Patient preference and adherence vol. 14 1463-1475. 20 Aug. 2020, doi:10.2147/PPA.S242215
[25] Loiselle, A.R., Thibau, I.J., Guadalupe, M., Butler L, Smith Begolka, W. A patient survey to identify atopic dermatitis prescription treatment access barriers. Br J Dermatol 188(Suppl 2) 2023. Ljac140.012. doi: 10.1093/bjd/ljac140.012