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Real-World Clinical Experience With Ruxolitinib Cream Monotherapy to Manage Atopic Dermatitis

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Introduction

- Atopic dermatitis (AD) is a chronic, heterogeneous, highly pruritic, relapsing inflammatory skin disease[1]
- Ruxolitinib cream, a topically administered selective Janus kinase (JAK) 1/JAK2 inhibitor,[2] is an effective nonsteroidal monotherapy initially used twice daily continuously to reduce signs and symptoms of AD, and as-needed for longer-term disease control in adults/adolescents with mild to moderate AD, as shown in two phase 3 clinical studies: TRuE-AD1/TRuE-AD2 (NCT03745638/NCT03745651)[3,4]
- Ruxolitinib cream was approved by the US Food and Drug Administration in 2021 for the topical treatment of mild to moderate AD in adults and adolescents whose disease is not adequately controlled with topical therapies or when those therapies are not advisable[5]

Objective

- To examine physicians' reported real-world clinical experience with ruxolitinib cream monotherapy and their satisfaction with AD control in patients with mild to moderate AD

Methods

Patients and Study Design

- This was a secondary database analysis using data drawn from the Adelphi AD Disease Specific Programme™, a cross-sectional survey of physicians and their patients in the United States
- As part of the survey, physicians provided retrospective data from medical records
- The survey was undertaken between August 2022 and March 2023
- Eligible patients were aged ≥18 years with mild to moderate AD (based on subjective rating by the treating physician) at initiation of ruxolitinib cream monotherapy and had been treated with ruxolitinib cream for ≥1 month

Assessments and Statistical Analyses

- Record forms completed by physicians about their patients with AD included details on patient demographics and clinical characteristics, treatment history, disease control (measured by Investigator's Global Assessment [IGA] and affected body surface area [BSA]), and satisfaction with current control of AD
- Continuous and categorical variables were reported descriptively

Results

Patients

- Of 149 patients treated with ruxolitinib,[6] 59 patients received monotherapy for AD (**Table 1**)
- Median (range) duration of ruxolitinib cream treatment was 6.1 (1.3–12.3) months

Table 1. Patient Demographics and Baseline Clinical Characteristics

Characteristic	Ruxolitinib Cream (N=59)
Age, mean (range), y	36.6 (18–71)
Female, n (%)	37 (62.7)
Race/ethnicity, n (%)	
White	37 (62.7)
Black or African American	7 (11.9)
Asian	9 (15.3)
Native Hawaiian/Pacific Islander	0 (0)
Other	6 (10.2)
Employment status, n (%)*	
Working full time	38 (67.9)
Homemaker	3 (5.4)
Working part time	4 (7.1)
Student	9 (16.1)
Not working due to retirement	1 (1.8)
Unemployed	1 (1.8)
Duration of atopic dermatitis, mean (SD), y	4.6 (12.8)
IGA at initiation of ruxolitinib cream, n (%)	
1 (almost clear)	2 (3.4)
2 (mild)	10 (17.0)
3 (moderate)	47 (79.7)
Concomitant conditions, n (%)†	
Allergic rhinitis	7 (11.9)
Anxiety	6 (10.2)
Hyperlipidemia	6 (10.2)
Diabetes without chronic complications	4 (6.8)
Chronic hand eczema	4 (6.8)
Chronic pulmonary disease	3 (5.1)
Asthma	3 (5.1)
Depression	3 (5.1)

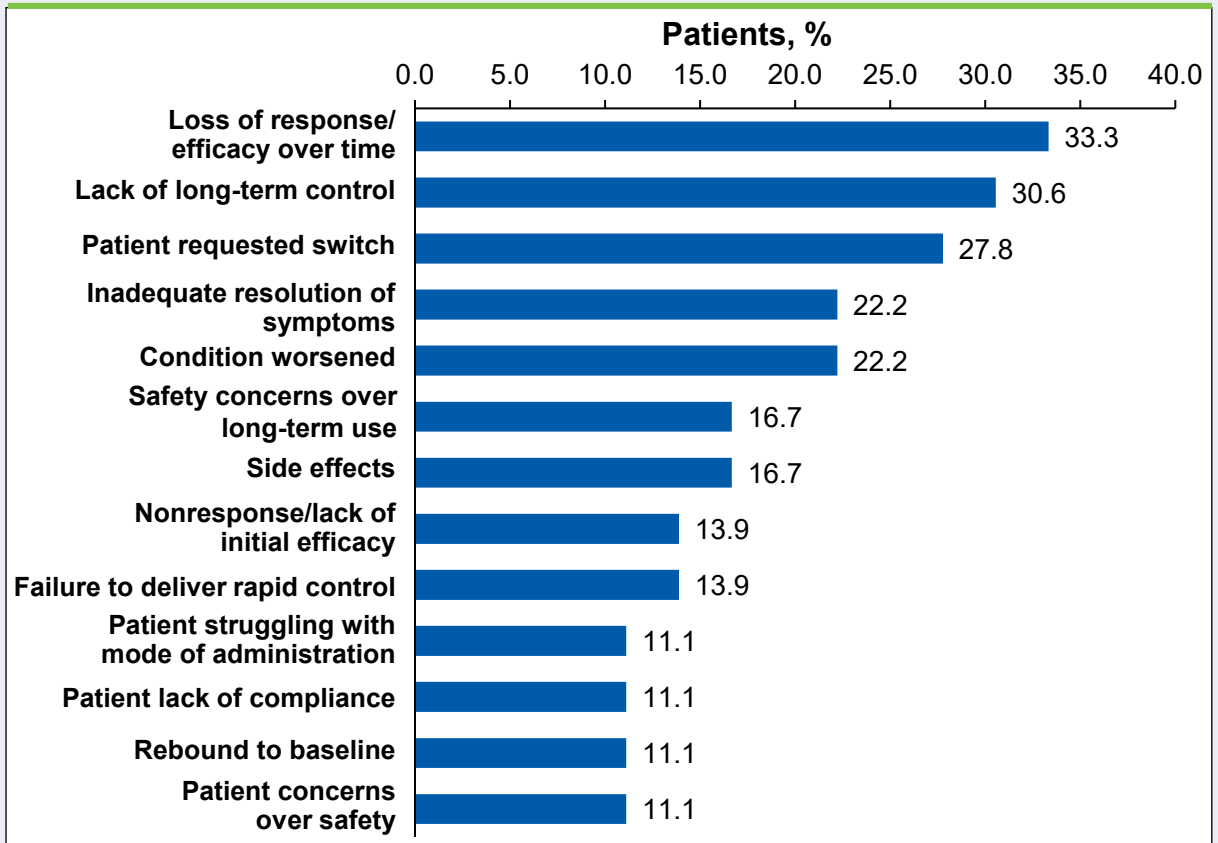
IGA, Investigator's Global Assessment.
* Employment status not available for all patients.
† Concomitant conditions occurring in >2 patients.

Results *(cont'd)*

Reasons for Therapy Change to Ruxolitinib Cream

- For the 36 patients with physician-reported reason for therapy change, the most commonly cited reasons to switch to ruxolitinib cream were related to a lack of efficacy (33.3%) and a lack of long-term control (30.6%) on previous treatment (**Figure 1**)

Figure 1. Physician-Reported Reasons for Therapy Change to Ruxolitinib Cream (n=36*)

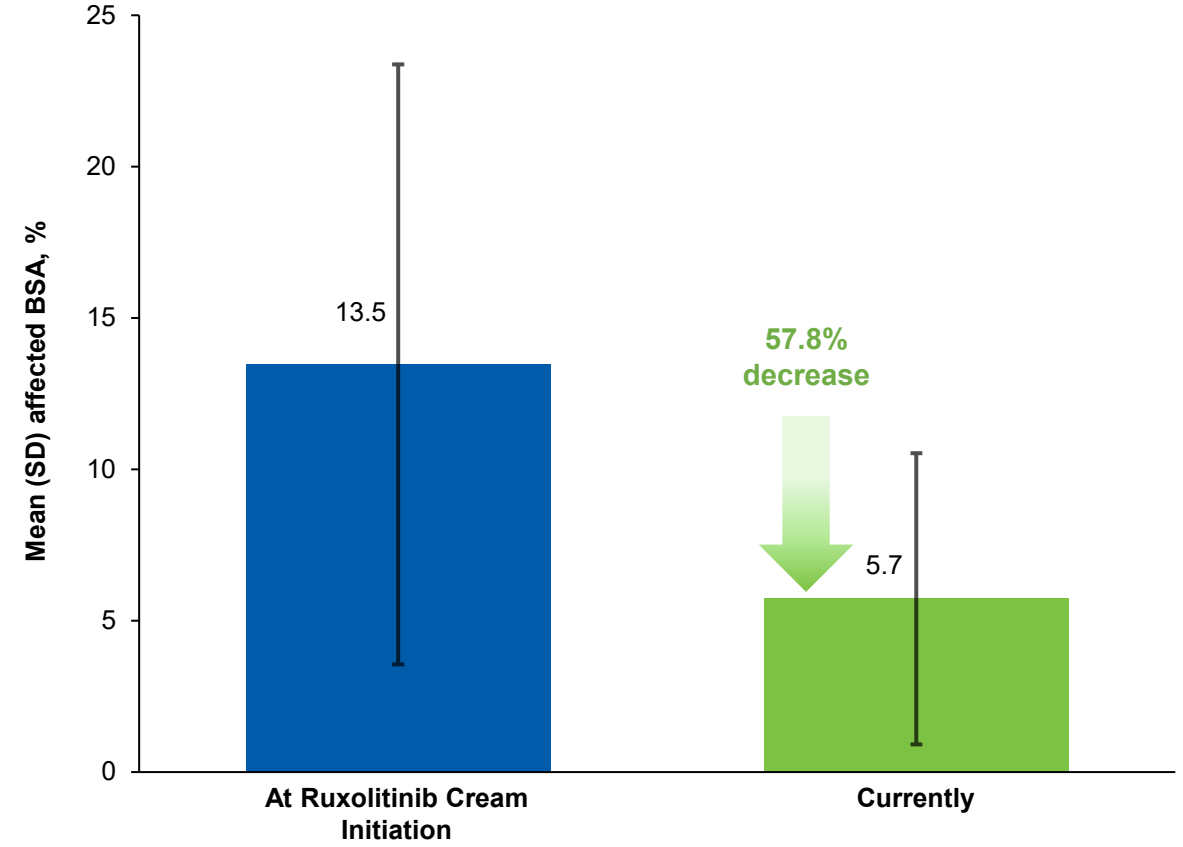


* Data were not available for all patients; >1 reason could be reported for an individual patient; only reasons reported in >10% of patients are shown.

Disease Control

- After patients switched to ruxolitinib cream, mean affected BSA decreased (**Figure 2**)

Figure 2. Disease Control Improved With Ruxolitinib Cream Monotherapy (N=59) as Assessed by Affected BSA



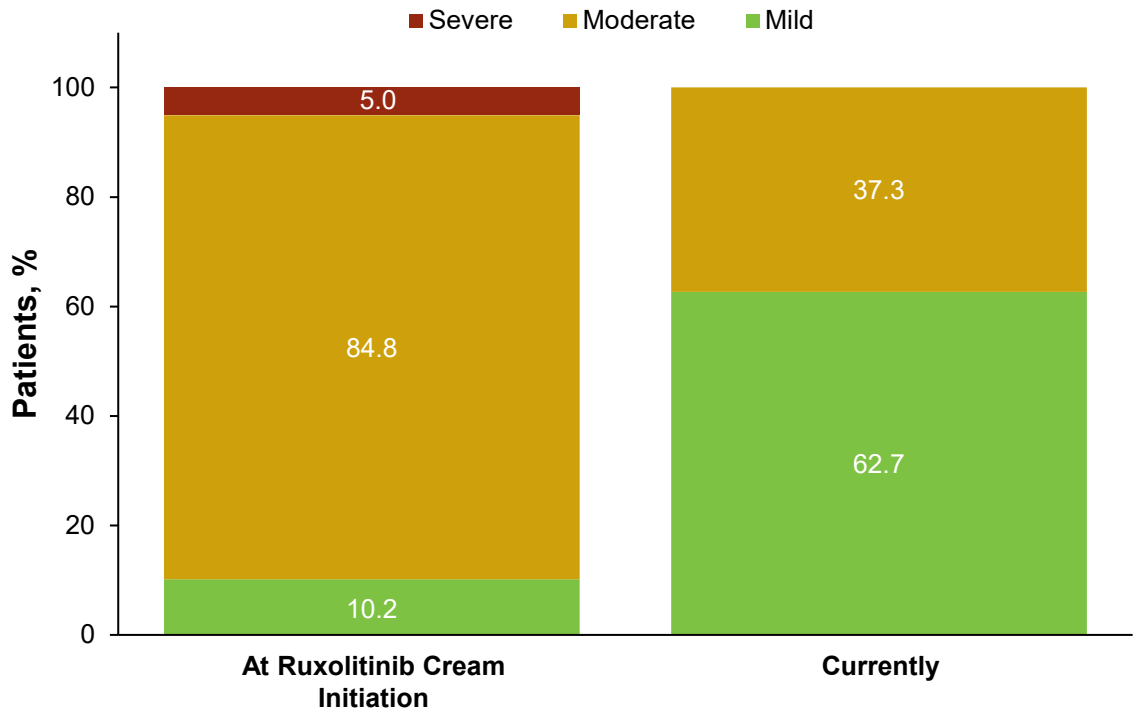
BSA, body surface area.

Results *(cont'd)*

Disease Control (cont'd)

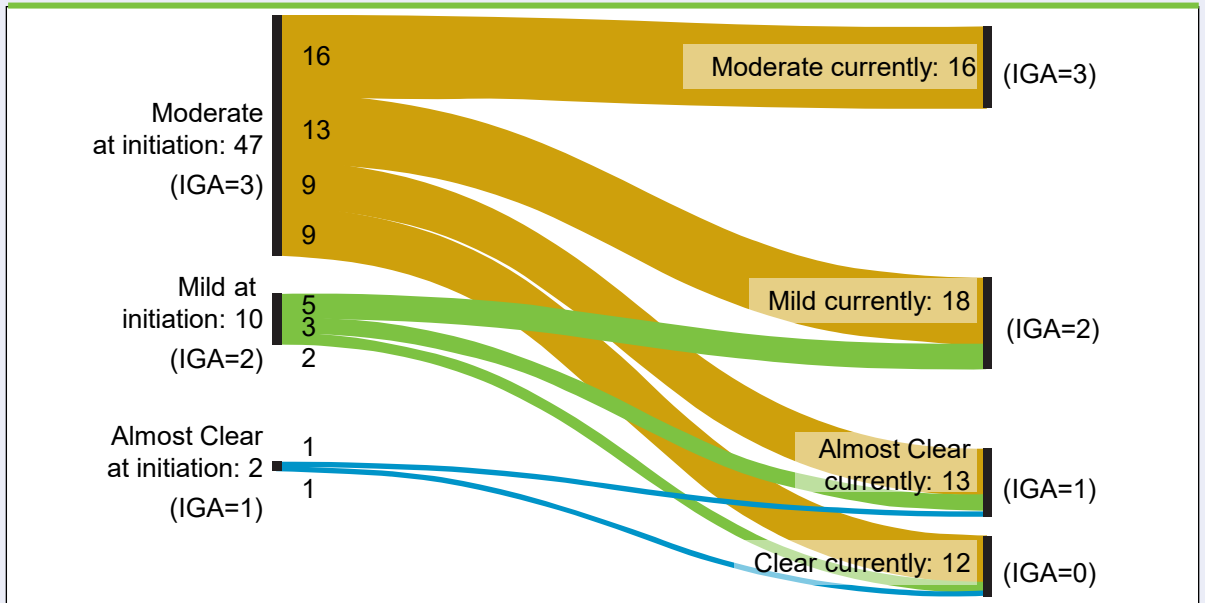
- After patients switched to ruxolitinib cream, most patients had improved disease control (**Figure 3**), and 62.7% of patients had reduced IGA (**Figure 4**)

Figure 3. Physician-Assessed Disease Severity* Improved With Ruxolitinib Cream Monotherapy (N=59)



* For physician-assessed disease severity: patient disease is categorized as mild, moderate, or severe.

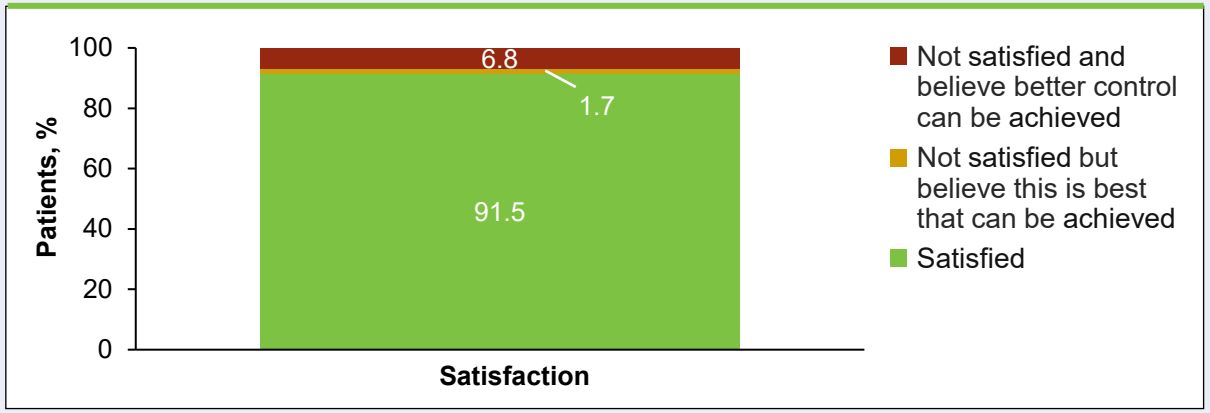
Figure 4. Improvement of IGA* With Ruxolitinib Cream Monotherapy (N=59)



* IGA, Investigator's Global Assessment, scored on a 5-point scale: 0=clear, 1=almost clear, 2=mild, 3=moderate, and 4=severe.

Physician Satisfaction

Figure 5. Physician-Reported Satisfaction With AD Control



Conclusions

- **Results of this real-world physician-reported outcomes survey demonstrate that physicians switch to ruxolitinib cream therapy mostly due to lack of efficacy and lack of long-term disease control with previous AD therapies**
- **Furthermore, the results support ruxolitinib cream monotherapy as an effective therapy to:**
  - **Reduce the extent and/or severity of AD**
    - **Mean affected BSA decreased by 57.8% and 62.7% of patients had reduced IGA**
  - **Provide satisfactory disease control**

Disclosures

LFE has served as an investigator, consultant, speaker, or data safety monitoring board member for AbbVie, Amgen, Arcutis, Aslan, Castle Biosciences, Dermavant, Eli Lilly, Forte Biosciences, Galderma, Incyte Corporation, Janssen, LEO Pharma, Novartis, Ortho Dermatologics, Otsuka, Pfizer, Regeneron, and Sanofi Genzyme. JL and DS are employees and shareholders of Incyte. OH, JP, and PA are employees of Adelphi Group, which was contracted by Incyte to perform this analysis.

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4. Papp K, et al. *J Am Acad Dermatol*. 2023;88(5):1008-1016. **5.** OPZELURA™ (ruxolitinib cream). Full Prescribing Information, Incyte Corporation, Wilmington, DE, 2023. **6.** Liu J, et al. Disease control and physician satisfaction with ruxolitinib cream in US adults with mild to moderate atopic dermatitis. Presented at: Academy of Managed Care Pharmacy (AMCP) Nexus; October 16–19, 2023; Orlando, FL, USA.

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