

Concomitant use of glucagon-like peptide-1 receptor agonists in patients with psoriasis or hidradenitis suppurativa receiving bimekizumab: Cross-sectional analysis of US claims data

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Objective

To assess the prevalence of concomitant glucagon-like peptide-1 receptor agonist (GLP-1RA) use in bimekizumab (BKZ)-treated patients with psoriasis or hidradenitis suppurativa (HS) and to report the characteristics of those receiving both treatments in a cross-sectional analysis of United States (US) claims data.

Introduction

- Patients with inflammatory skin diseases, such as psoriasis and HS, have higher rates of comorbid obesity and type 2 diabetes mellitus (T2DM) than the general population.^{1,2}
- GLP-1RAs are indicated for the treatment of obesity and T2DM.³
- BKZ, a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A,⁴ is approved for the treatment of moderate to severe plaque psoriasis and HS.^{5,6}
- Evaluating the extent of concomitant GLP-1RA/BKZ use in routine practice, and characterising patients receiving both treatments, can inform the management of patients with psoriasis or HS and comorbid obesity or T2DM.

Methods

- This observational, cross-sectional analysis using data from the US Komodo Health database included open and closed claims from Medicare and Commercial insurances; the study selection period was between 01 November 2023 and 07 December 2025.
- Some open claims may not have been adjudicated and so prescriptions may not have been filled; closed claims confirm that the prescription was filled and medication dispensed.
- BKZ approval for psoriasis in the US was October 2023;⁷ BKZ approval for HS in the US was November 2024.⁸
- Eligible patients were ≥18 years, with a psoriasis or HS diagnosis and ≥1 BKZ claim during the selection period.
- Concomitant GLP-1RA/BKZ use was defined as any drug supply overlap within the selection period and index date was the first day of overlap (**Figure 1**).
- The primary endpoint was the prevalence of concomitant GLP-1RA/BKZ use through the whole selection period and by year, evaluated for each indication; data are reported as observed with 95% confidence intervals (CI).
- Subgroup analyses were performed by sex, age group and comorbidity;
- A sensitivity analysis was performed using closed claims only, which was less prone to missing data and gaps in the patient journey.
- The secondary endpoint was patient characteristics at baseline (index date) for those receiving concomitant GLP-1RA/BKZ treatment, summarised descriptively.

Results

- During the selection period, 18,665 patients with psoriasis (60.9% had obesity; 29.4% had T2DM) and 5,082 patients with HS (72.4% had obesity; 31.7% had T2DM) received BKZ treatment, respectively.
- Among these patients, the prevalence of concomitant GLP-1RA use was >20% for both psoriasis and HS (**Figure 2**).
- The sensitivity analysis produced similar prevalence results that supported the overall estimates;
- GLP-1RA use was higher in female patients and those aged ≥46–≤65 years; patients with both obesity and T2DM had higher prevalence of GLP-1RA use versus patients with neither (**Figure 3**).
- Baseline characteristics of patients receiving concomitant GLP-1RA/BKZ treatment with psoriasis (N=3,754) and HS (N=1,170) are outlined in **Table 1**.
- Most patients were biologic-experienced and >95% had a cardiometabolic condition.
- For the psoriasis and HS patient groups, 76.7% and 82.5% initiated BKZ while receiving GLP-1RA treatment, respectively.
- Semaglutide and tirzepatide accounted for ~40% and ~50% of prescribed GLP-1RAs in all BKZ-treated patients, respectively (**Figure 4**).
- Dermatologists were often the prescribers of BKZ for patients with psoriasis (39.8%) and HS (50.9%) but were rarely the prescribers of GLP-1RAs (psoriasis: 0.4%; HS: 1.3%).

Conclusions

In routine clinical practice between 01 November 2023 and 07 December 2025, concomitant GLP-1RA use in bimekizumab-treated patients with psoriasis or HS increased to >20%. This, along with the high rates of comorbidities in patients receiving concomitant treatment, reflects a complex and multimorbid population.

Most patients with psoriasis or HS initiated bimekizumab while already receiving GLP-1RA treatment, suggesting a continued need for effective treatment of these inflammatory diseases alongside the management of metabolic comorbidities.

BKZ: bimekizumab; CI: confidence interval; GLP-1RA: glucagon-like peptide-1 receptor agonist; HS: hidradenitis suppurativa; IL: interleukin; SD: standard deviation; T2DM: type 2 diabetes mellitus; US: United States.

References: ¹Reich K et al. Arch Dermatol Res 2015;307:875–83; ²Eizawawi KE et al. Int Wound J 2024;21:e70035; ³Alfaris N et al. eClinicalMedicine 2024;75:102782; ⁴Adams R et al. Front Immunol 2020;11:1894; ⁵FDA. BIMZELX® Highlights of Prescribing Information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761151s0101bl.pdf [Accessed September 2026]; ⁶EMA. BIMZELX® SUMMARY OF PRODUCT CHARACTERISTICS. Available at: https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf [Accessed September 2026]; ⁷UCB News. BIMZELX® FDA Psoriasis Approval 2023. Available at: https://www.ucb.com/sites/default/files/press_files/93a57a7451a70708.pdf [Accessed September 2026]; ⁸UCB News. BIMZELX® FDA Hidradenitis Suppurativa Approval 2024. Available at: https://www.ucb.com/sites/default/files/press_files/a9cd0e5f6ae72fc.pdf [Accessed September 2026]. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: MLP, AFM, JR, AS, EVR, CS, JS, PdIC; Drafting of the publication, or reviewing it critically for important intellectual content: MLP, AFM, JR, AS, EVR, CS, JS, PdIC; Final approval of the publication: MLP, AFM, JR, AS, EVR, CS, JS, PdIC. **Author Disclosures:** MLP: Consultant and investigator for AbbVie, Arcutis, Arista Therapeutics, Avano Therapeutics, Eli Lilly and Company, Incyte, Janssen, Merck, MoonLake Immunotherapeutics, Navigator Biosciences, Novartis, Pfizer, Prometheus, Sanofi, Sonoma Biotherapeutics; UCB, Vertex and Zura Bio; consultant for Almiral, FIDE, Insmind, Oruka, Otsuka, Propeller Biosciences, Spyre and Trifecta Clinical/WCG; investigator for AnaptysBio, Bayer, Bristol Myers Squibb, OASIS Pharmaceuticals and Regeneron; received royalties from Beth Israel Deaconess Medical Center; received fellowship funding to institution from AbbVie. AFM: Consultant for UCB. JR: Contractor for UCB. AS, EVR, CS, JS: Employees and shareholders of UCB. PdIC: Served as a consultant, speaker and/or investigator for AbbVie, Almiral, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly and Company, Johnson & Johnson, LEO Pharma, MSD, Novartis, Pfizer, Roche, Sanofi and UCB. **Acknowledgements:** This study was funded by UCB. The authors thank all patients included in the database used in this study. The authors also thank Inés Dueñas Pousa, PhD, of UCB, for editorial review during poster development and publication coordination, Oscar Jenkyn-Jones, MSc, Costello Medical, United Kingdom, for medical writing and editorial assistance and the Costello Medical Creative team for design support. All costs associated with development of this poster were funded by UCB.

Summary

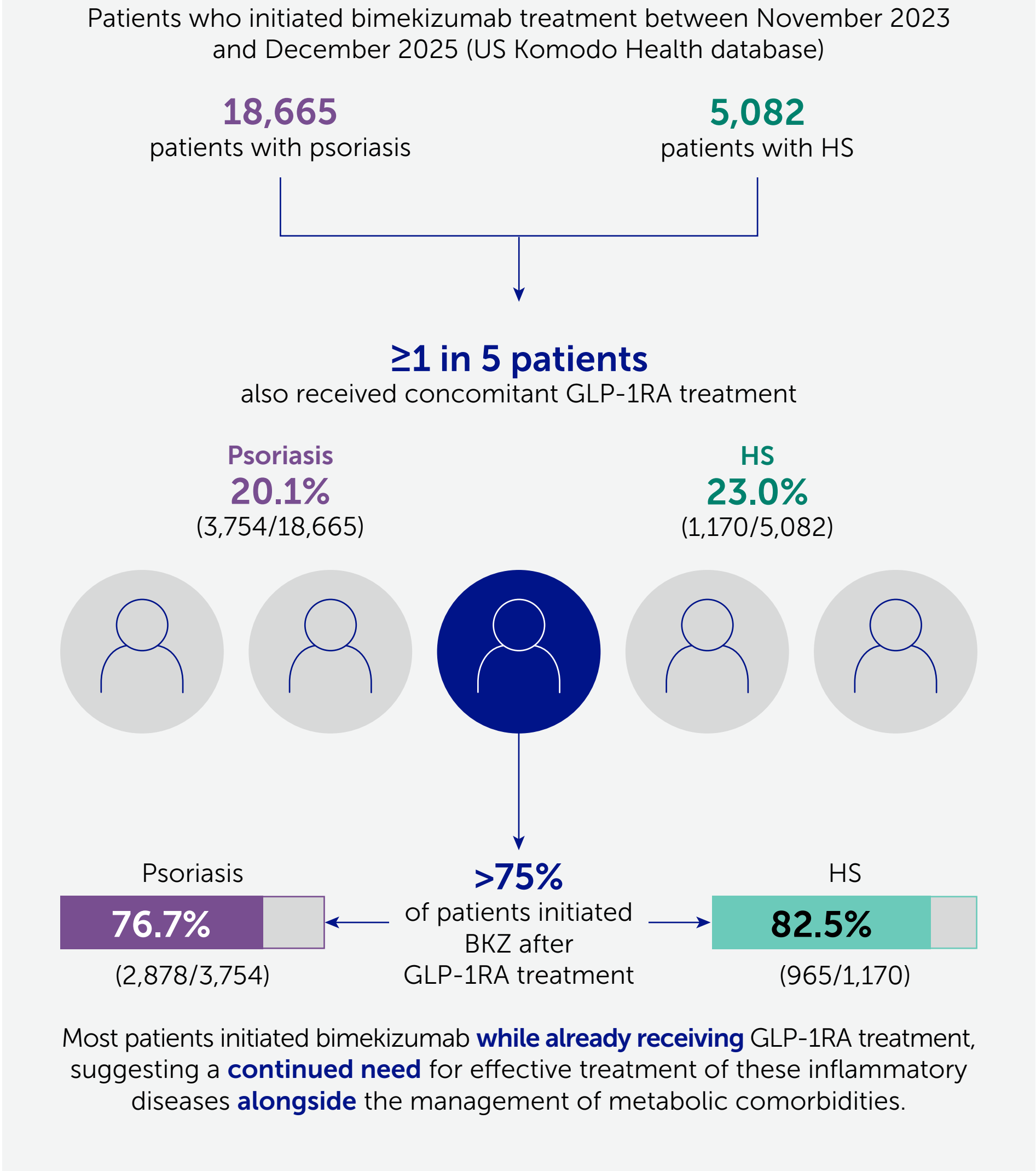


Figure 2 Prevalence of concomitant GLP-1RA use in BKZ-treated patients with psoriasis or HS (primary endpoint)

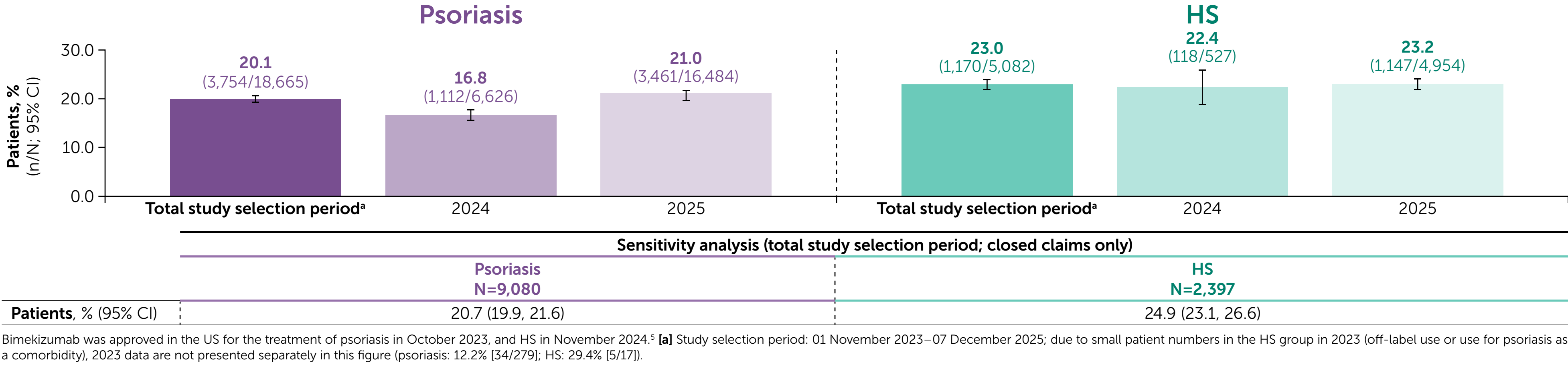


Figure 3 Prevalence of concomitant GLP-1RA use in BKZ-treated patients with psoriasis or HS by subgroup

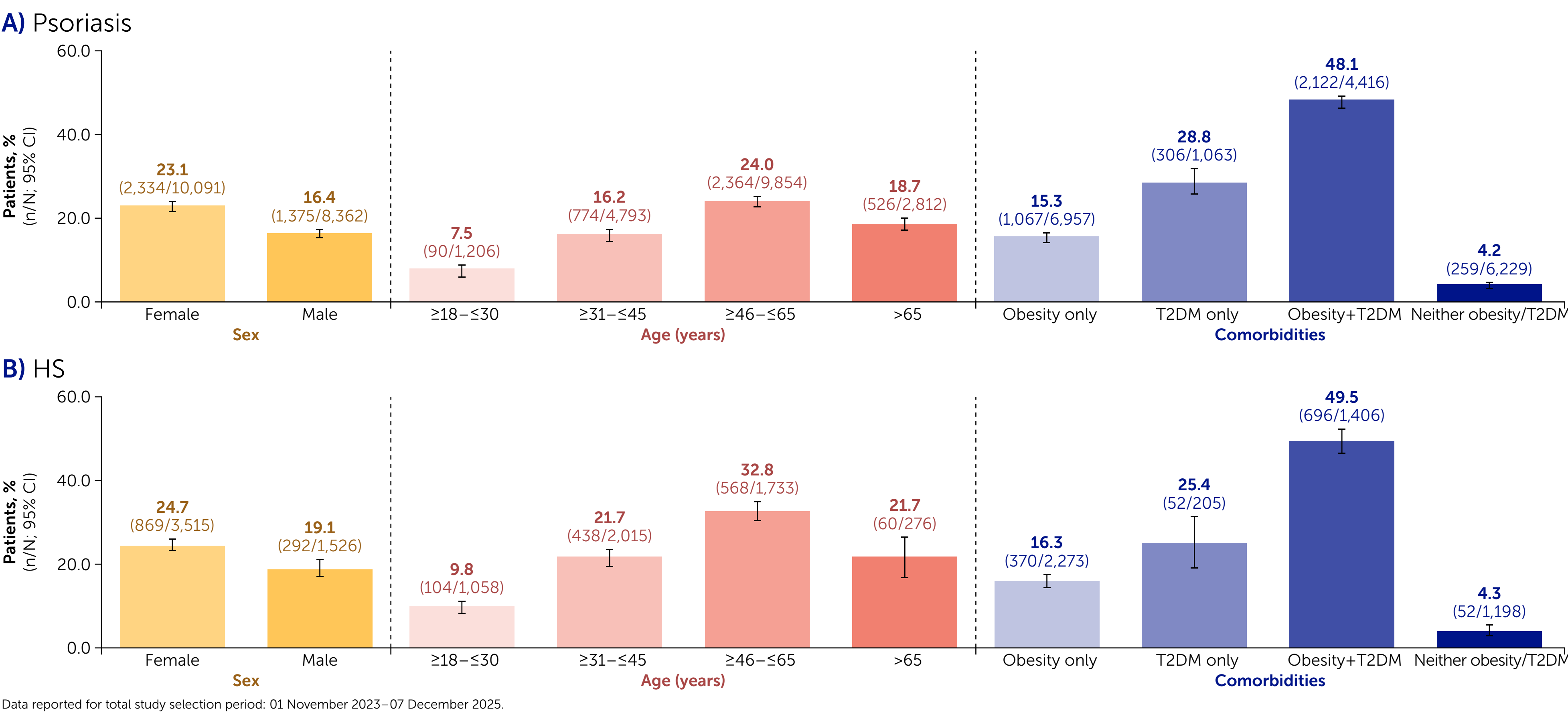
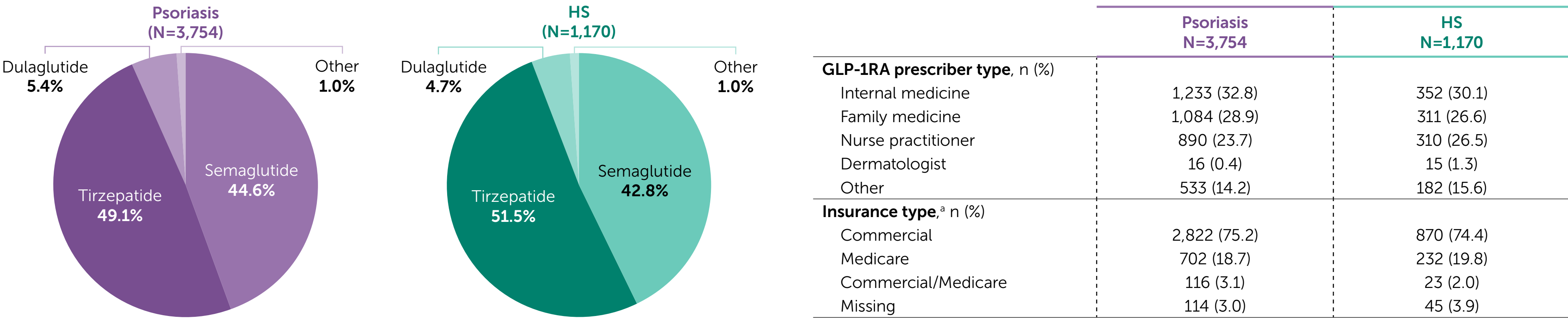


Figure 4 Types of prescribed GLP-1RAs and prescriber/insurance types in BKZ-treated patients



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