



PIPELINE INSIGHTS REPORT DRUGS TO WATCH

See “Industry Trend to Watch” in the full Insights Report for more about the growing class of atopic dermatitis (AD) treatments.



Aducanumab: Expected FDA decision date June 7, 2021.

If approved, aducanumab would be a first-in-class disease modifying treatment that changes the underlying course of Alzheimer’s, rather than only addressing the symptoms. However, it would not be a cure.

No prices have been announced, but one estimate is around \$50,000/year for the recommended dosage. About 1.4 million people would be eligible for therapy with aducanumab. U.S. sales for aducanumab could be well over \$7 billion by 2025.



Pegcetacoplan: Expected FDA decision May 14, 2021.

Pegcetacoplan is a treatment for adults with paroxysmal nocturnal hemoglobinuria (PNH). PNH causes the immune system to attack healthy red blood cells leading to anemia.

PNH is an ultra-rare condition with 400–500 cases diagnosed in the U.S. each year.

Pegcetacoplan demonstrated some improvements to existing treatments but also higher rates of adverse events.

For reference, the Wholesale Acquisition Cost (WAC) for a comparator (Ultomiris[®]) is approximately \$458,000 per year.



Abrocitinib: Expected FDA decision Q3 2021.

Abrocitinib will treat moderate-to-severe atopic dermatitis (AD) in patients aged 12 years and older.

Abrocitinib is a Janus kinase (JAK) inhibitor. They inhibit the autoimmune process and help ease inflammation and other related AD symptoms.

Efficacy appears similar to the existing standard (Dupixent[®]). Note that currently approved JAK inhibitors have “boxed warnings” for serious side effects that may also apply to abrocitinib.

For reference, the WAC for Dupixent is approximately \$41,000 per year.



Tralokinumab: Expected FDA decision April, 2021.

Tralokinumab is for adults with moderate-to-severe atopic dermatitis (AD).

If approved, tralokinumab would offer a novel mechanism of action for AD. Available evidence is that its efficacy appears more modest than competing existing treatment options like Dupixent.

Note that tralokinumab, like Dupixent is given by subcutaneous injection, while newer JAK inhibitors would be oral or creams.

As noted, WAC for Dupixent is approximately \$41,000 per year.



Ruxolitinib topical cream: Expected FDA decision June 21, 2021.

If approved, ruxolitinib would be the first topical JAK inhibitor to treat mild-to-moderate atopic dermatitis in patients aged 12 years and older.

Mild-to-moderate is a much larger population than moderate-to-severe, but is also easier to treat with existing drugs such as Pfizer’s topical Eucrisa.[®]

Efficacy for ruxolitinib is promising, but there is currently no data directly comparing ruxolitinib against other AD agents.

The topical form may reduce some of the safety concerns associated with oral JAK inhibitors.