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Uneven Access to Biologics in Psoriasis, Study Shows

— Black patients on Medicaid less likely to use the newer therapies

by Kate Kneisel, Contributing Writer, MedPage Today

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Key Takeaways

- Black Medicaid beneficiaries were less likely to use biologics c with white beneficiaries in a cross-sectional study.
- Compared with white beneficiaries, Black beneficiaries had lo adherence and switch rates and higher discontinuation rates, w time to a switch.
- Interventions are needed to address access issues and to ensure adequate follow-up, researchers said.

For Medicaid beneficiaries with psoriasis, biologic treatment patterns differed significantly among racial and ethnic groups, according to a cross-sectional study.

From 2016 to 2022, Black beneficiaries were less likely to use biologics compared with white beneficiaries (9.9% vs 13.4%, $P<0.05$), while rates of biologic initiation among Hispanic patients and those of other racial and ethnic groups were similar to that of white patients, reported Q. Wilton Sun, a medical student, and Jeffrey M. Cohen, MD, MPH, both of the Yale School of Medicine in New Haven, Connecticut, in a research letter in *JAMA Dermatology*.

Compared with white beneficiaries, Black beneficiaries had lower biologic adherence and switch rates and higher discontinuation rates, with longer time to a switch (HR 0.90, 95% CI 0.82-1.00, $P=0.04$), while Hispanic beneficiaries had higher adherence rates, and lower discontinuation rates, with shorter time to discontinuation (HR 1.30, 95% CI 1.07-1.58, $P=0.007$).

"Biologic therapy for psoriasis offers high clinical value, but access and treatment trajectories may vary widely," Sun and Cohen wrote. "Little is known about these patterns within Medicaid, a cohort of the nation's most vulnerable patients."

"Understanding biologic therapy trajectories in Medicaid is important, given its distinct formulary restrictions and patient demographics," they concluded. "Interventions must not only address access but also ensure adequate follow-up and support during treatment to sustain therapeutic benefit."

The authors found significant variations in initial choice of biologic among the groups. Hispanic beneficiaries were more likely to begin with a tumor necrosis factor (TNF)-α inhibitor compared with white patients (79.5% vs 72.7%), while only 55.5% of beneficiaries of unknown race/ethnicity started TNF-α treatment ($P<0.05$ for both comparisons).

Rates of first-line treatment with interleukin (IL)-12/23 therapy also differed significantly among the groups: 7.41% of Black beneficiaries, 2.4% of Hispanic beneficiaries, and 9.5% of individuals of unknown race/ethnicity compared with 5.7% of white beneficiaries ($P<0.05$ for all comparisons).

In sensitivity analyses using a 120-day versus a 90-day threshold for IL-12/23 and IL-23 agents, discontinuation rates remained robust:

- Black beneficiaries: 49.1% to 48.5%
- Hispanic beneficiaries: 40.1% to 39.4%
- White beneficiaries: 47.3% to 46.7%
- Other race: 43.8% to 43.1%
- Unknown race: 33.3% to 32.6%

In an accompanying editor's note, Mya L. Roberson, MSPH, PhD, of the University of North Carolina at Chapel Hill, and Howa Yeung, MD, MSc, of Emory University School of Medicine in Atlanta, noted that patients with Medicaid were more likely to initiate TNF-α inhibitors as first-line biologics compared with recent estimates in commercially insured or Medicare patients (59%-80% vs 43%-52%).

"These differences reflect structural constraints in resource-limited settings," they wrote. "Medicaid coverage for biologics is shaped by state-level variations in Medicaid funding, limited drug formularies that often lag coverage for newer treatments, and burdensome requirements for stepped therapy and prior authorizations that may delay and deter care."

Given ongoing changes in Medicaid funding, the editorialists predicted "sharp increases in the number of people becoming uninsured, people delaying care due to costs, and cases of medication nonadherence or discontinuation."

For this study, Sun and Cohen used data from the national Merative MarketScan Medicaid Database for 2016 to 2022 to identify patients with at least two instances of psoriasis diagnoses on separate dates and at least 6 months of continuous insurance enrollment.

The study included 15,140 Medicaid beneficiaries who used biologics. Across the racial and ethnic groups, mean age was 44-48, and 55-72% were women. Rates of comorbid psoriatic arthritis ranged from 30% in Black beneficiaries to 48% in white beneficiaries.

The researchers acknowledged study limitations including a lack of information on clinical severity, treatment indication, socioeconomic status, and geographic location in the MarketScan Medicaid Database.

Kate Kneisel is a freelance medical journalist based in Belleville, Ontario.

Disclosures

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Sun reported no disclosures.

Cohen reported serving as a consultant for Novartis, GSK, Takeda, and Sanofi, and serving on a data and safety monitoring board for Advarra.

Roberson reported grants from Gilead Sciences and personal fees from the National Committee for Quality Assurance.

Yeung reported personal fees from Pfizer, L'Oréal Dermatological Beauty, and Sanofi-Genzyme, and grants from Eli Lilly, the National Institute for Arthritis and Musculoskeletal and Skin Diseases, the Department of Veterans Affairs, and the Pediatric Dermatology Research Alliance.

Primary Source

JAMA Dermatology
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Secondary Source
JAMA Dermatology
Source Reference: Roberson ML, Yeung H "Supporting dermatologic health services research for structurally marginalized patients" JAMA Dermatol 2026; DOI: 10.1001/jamadermatol.2025.6093.

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