



Department of Dermatology at University of Virginia

Characterizing Barriers Experienced During Adalimumab Biosimilar Switching in Patients with Hidradenitis Suppurativa

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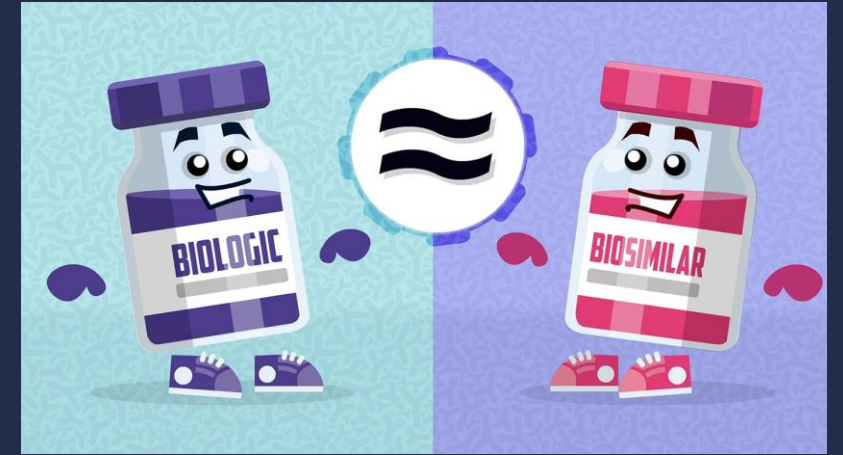
Background

- Why Hidradenitis Suppurativa (HS)?
 - Case Presentation
 - 17 YO F with Hurley stage II HS
 - Patient with Down syndrome who has difficulty tolerating injections
 - Insurance-preferred biosimilars doubled injection burden
 - 5 months off therapy → significant HS flaring
 - Reference adalimumab denial successfully appealed → improved



Background

- Adalimumab for HS
 - 1st FDA approved biologic in 2015
 - U.S. biosimilar competition began in 2023
 - Dosing: 160 mg on day 1, 80 mg on day 15, then 80 mg every other week or 40 mg every week
- What is a biosimilar?
 - A biologic that is highly similar to an already FDA-approved biologic, called the reference product, considered equivalent in safety and efficacy.
 - Limited HS specific data on clinical outcomes after switching
 - Approved adalimumab biosimilars in the U.S. (10 total):
 - adalimumab-afzb, adalimumab-atto, adalimumab-adbm, adalimumab-bwwd, adalimumab-fkjp, adalimumab-adaz, adalimumab-aacf, adalimumab-ryvk, adalimumab-aaty, adalimumab-aqvh



Background

- Study question: What barriers arise during insurance mandated adalimumab switching in patients with HS?



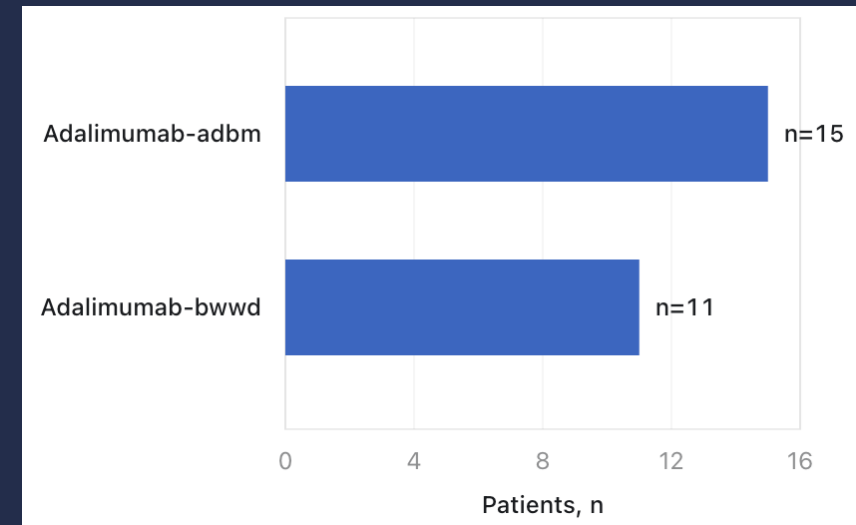
Methods

- Retrospective cohort study
- Outpatient academic dermatology clinic
- 40 patients undergoing insurance mandated switches between November 2025 to May 2026

60% **24** patients **on** Medicaid

Effective January 1, 2026:
Virginia Medicaid
designated adalimumab-
adbm + adalimumab-
bwwd as preferred over
reference adalimumab.

Most Common Adalimumab Switches



Results

Each barrier was classified into one of four categories:

Insurance

Formulation /
injection
burden

Inventory

Other

39/40 patients
experienced
 ≥ 1 barrier

2.3 average
barriers per
range 0-5 patient

Results

40

mandated switches



19

had a gap in therapy
median 30 days (range 2-150)

48%



13

experienced HS flares

78%

insurance-related



31 patients

63%

increased injection burden



25 patients • Most biosimilars lack an 80 mg strength

Two-thirds of patients with a treatment gap experienced a flare (13 of 19).

Conclusion

- Biosimilar equivalence does not eliminate risks created by the switching process.
- Barriers persisted despite proactive pharmacy support; practices with fewer resources may face greater challenges.
- When possible, we should limit non-medical switching.
- When unavoidable, proactive payer navigation, dosing review, and continuity planning may reduce harm.



Thank you!

Questions?

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