MDForLives

MDFORLIVES IN-DEPTH INSIGHT REPORT

Biologics in Dermatology: Is Earlier Treatment Making Selection More Complex?

Dermatologist perspectives on biologic therapy, earlier initiation, patient-specific selection, access, long-term outcomes, and treatment persistence. The report follows the shift from wider use and high confidence to the harder questions of fit, sequencing, affordability, and durable remission.

Context → Data → Insight → Impact

31	5	9	83.8%
Complete responses	Countries represented	Closed-ended findings	Completion rate

THE CLINICAL QUESTION

How can dermatologists start biologics earlier without losing precision in treatment selection?

Earlier use can remain precise when treatment selection begins with disease pattern, comorbidities, safety, patient priorities, access, and a realistic persistence plan. The challenge is not the number of options alone, but choosing an option that can remain clinically and practically suitable over time.

The clinical challenge has moved with that progress. Dermatologists must distinguish among effective options, match therapy to comorbidity and disease context, work within access restrictions, and plan for persistence over a longer treatment horizon.

American Academy of Dermatology guidance supports evidence-based systemic treatment while leaving room for patient-specific safety, disease burden, and shared decision-making. The real-world question is how to use that flexibility consistently without losing precision.

> **Countries covered:** United States, United Kingdom, Italy, France, Germany. The survey included dermatologists from the United States, United Kingdom, Italy, France, and Germany.

EXECUTIVE SUMMARY

What the data is showing

FINDING 01

58.1% say biologics are core to most moderate-to-severe cases

Biologics now sit near the centre of real-world inflammatory disease management.

FINDING 02

64.5% feel very confident selecting a biologic

High confidence coexists with a treatment landscape that is becoming harder to navigate.

FINDING 03

35.5% find patient-specific comorbidities and disease context most challenging

Choice is increasingly about fit, not simply ranking efficacy.

FINDING 04

71.0% report significant long-term outcome improvement in many patients

The therapeutic value is clear, but durable remission remains incomplete.

01 SECTION 01

Biologics have moved to the centre of inflammatory disease care

CONTEXT

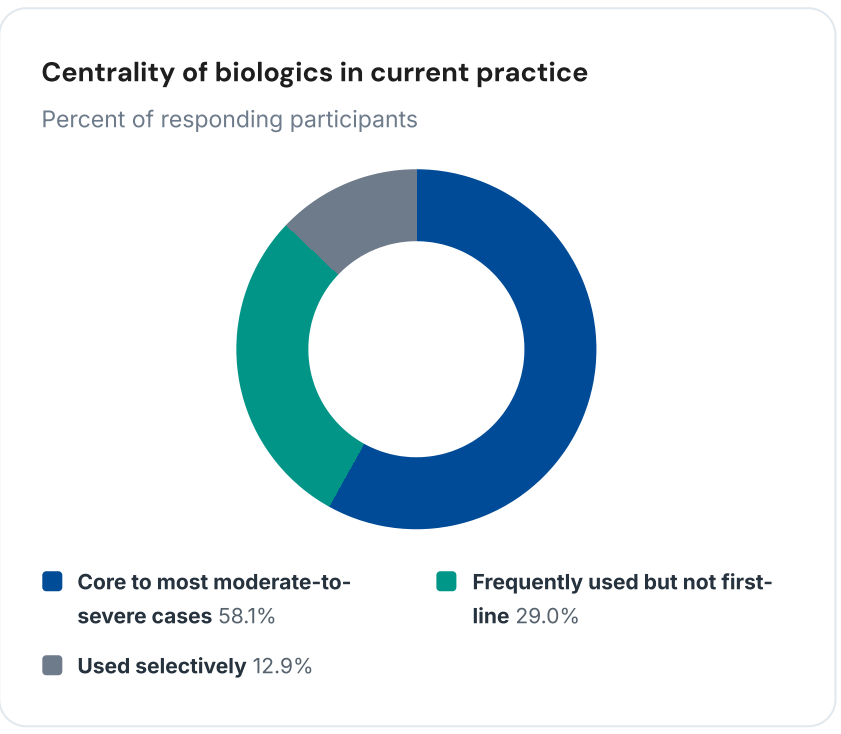
Biologics are now part of routine care for many moderate-to-severe inflammatory conditions. As their use moves earlier, dermatologists are planning treatment across a longer horizon rather than treating advanced therapy as a late rescue step.

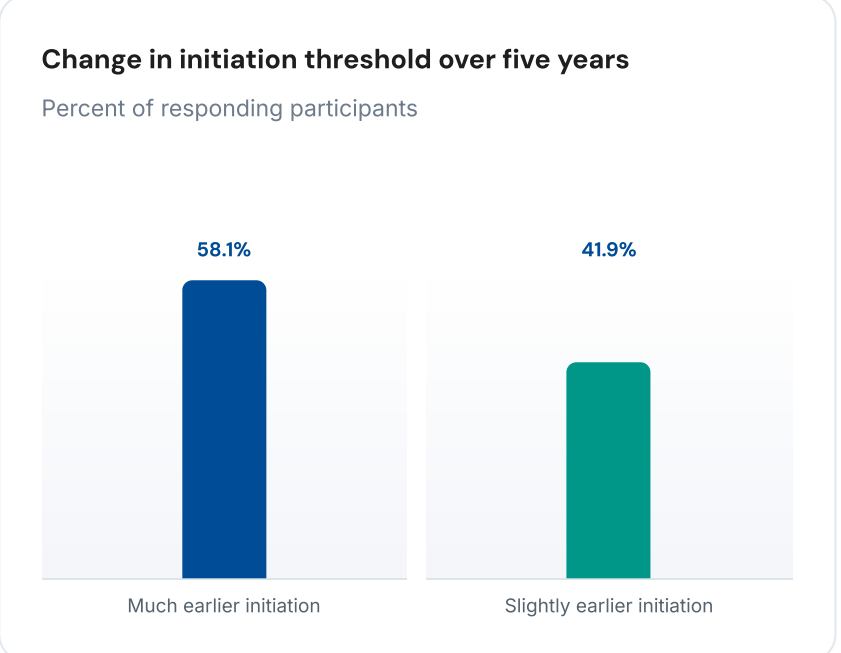
THE INSIGHT

Biologics are core or frequently used for most respondents, and every dermatologist reports an earlier initiation threshold. The shift suggests that prolonged stepwise delay is losing ground when disease burden is already clear.

WHY IT MATTERS

Earlier use should be accompanied by deliberate long-term monitoring and shared expectations.





02 SECTION 02

Selection confidence is high, but the decision is more complex

CONTEXT

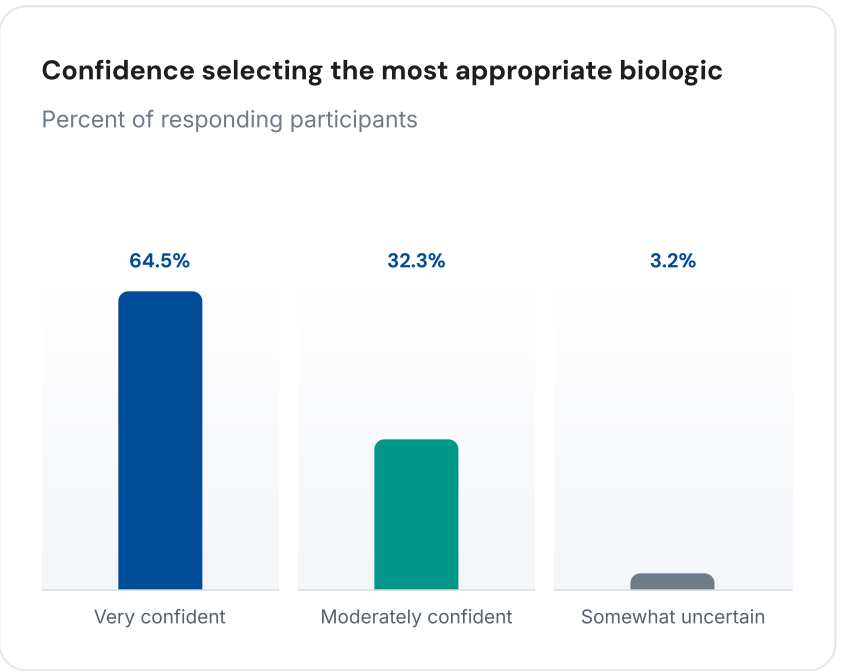
High confidence does not mean a simple choice. The number of therapeutic options has expanded while patient-specific variables, long-term safety, comparative uncertainty, and payer rules continue to shape what is clinically and practically feasible.

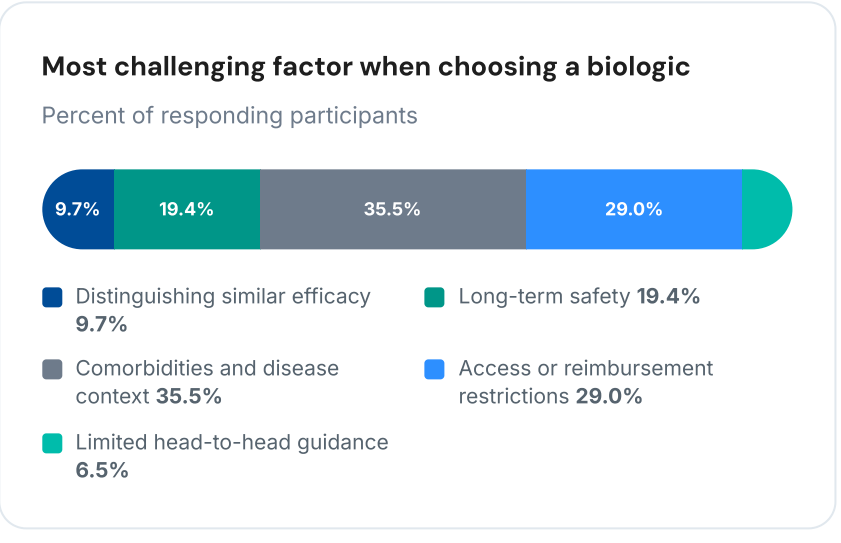
THE INSIGHT

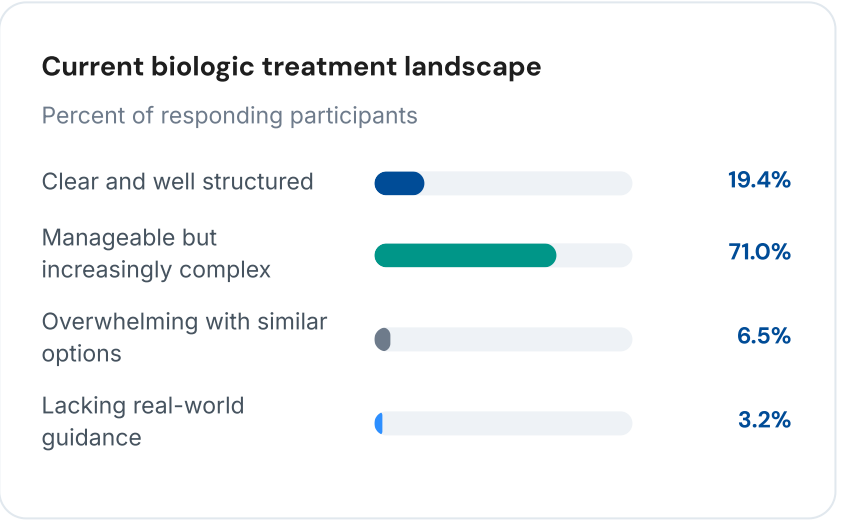
Clinicians report high confidence, yet they increasingly weigh comorbidities, disease context, safety, comparative uncertainty, and access. Complexity is not the same as lack of expertise; it reflects a richer decision space.

WHY IT MATTERS

Useful guidance needs to organise trade-offs around the patient rather than around drug classes alone.







03 SECTION 03

Biologics have improved outcomes, but remission remains the horizon

CONTEXT

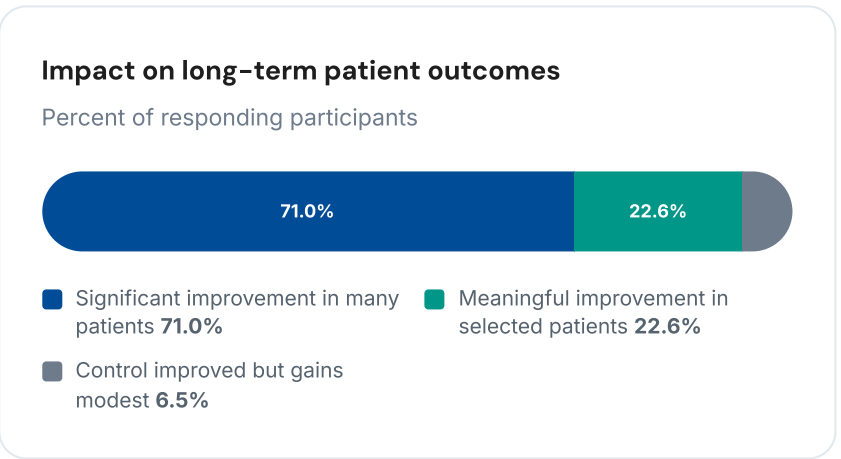
Real-world improvement is strong, yet the ambition has moved beyond response. Clinicians increasingly ask how long control will last, whether treatment can approach sustained remission, and what happens when efficacy changes over time.

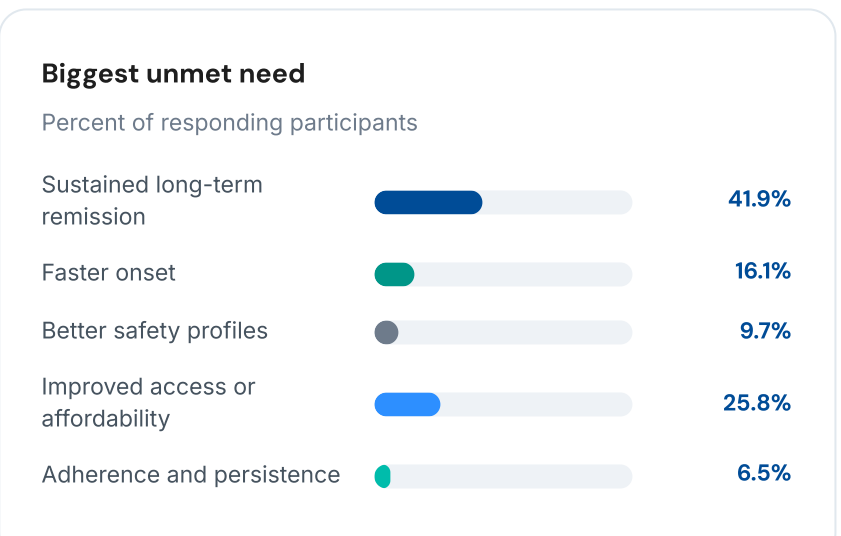
THE INSIGHT

Real-world improvement is widely recognised, while sustained long-term remission remains the leading unmet need. This distinction matters because control can be excellent without being permanent.

WHY IT MATTERS

Outcome assessment should include durability, treatment-free intervals where appropriate, and the consequences of interruption.





04 SECTION 04

Access shapes the treatment pathway before biology can

CONTEXT

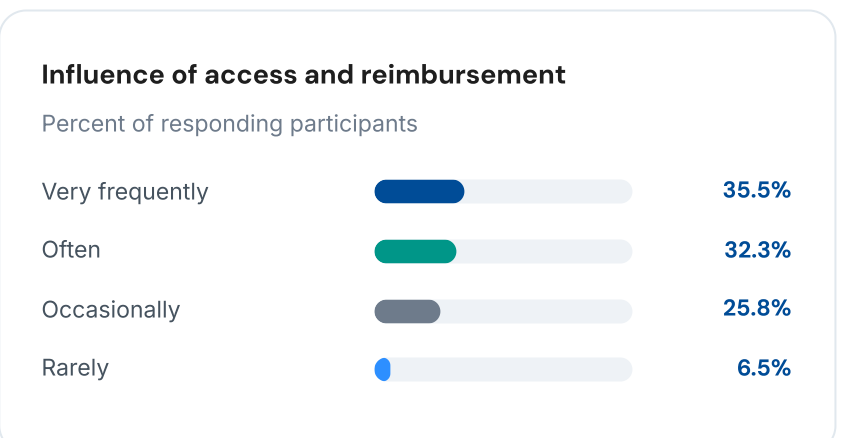
Access is not a separate administrative issue. It can determine which option is offered, how quickly treatment begins, whether continuity is interrupted, and how much time the clinical team spends protecting the original plan.

THE INSIGHT

Reimbursement affects decisions frequently for most respondents. It can delay initiation, force switching, or create administrative fatigue that is invisible in efficacy data.

WHY IT MATTERS

Access is a clinical variable because it changes what can be delivered and sustained.



05 SECTION 05

Response is strong, but persistence divides the real-world experience

CONTEXT

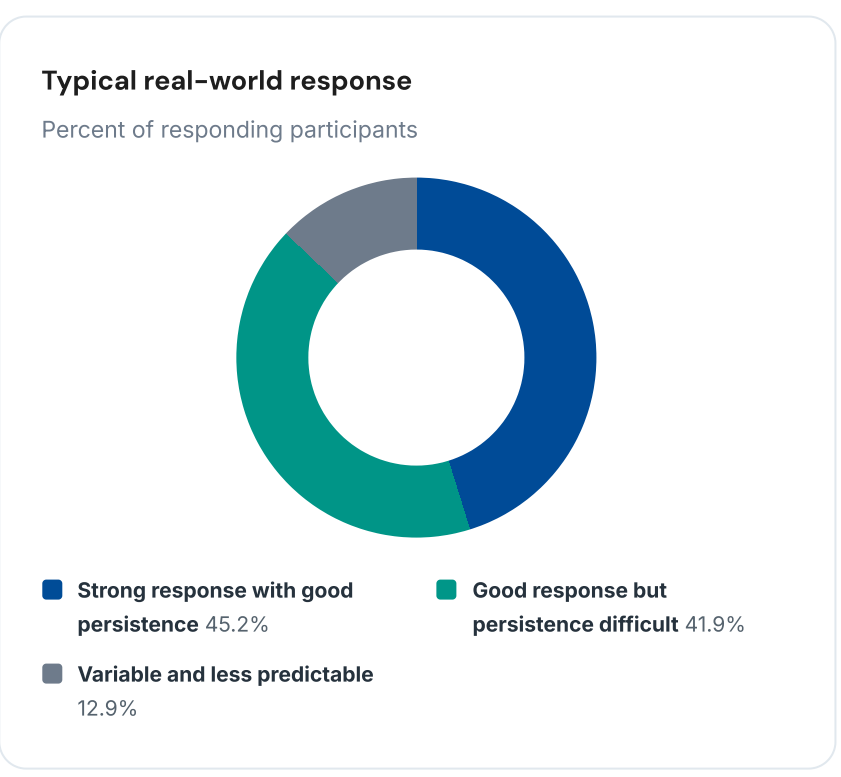
A good initial response becomes clinically meaningful only when the patient can remain on therapy and the benefit stays predictable. Persistence is shaped by administration, expectations, affordability, follow-up, and confidence in long-term value.

THE INSIGHT

The cohort is nearly split between strong response with good persistence and good response with persistence difficulty. The medicine may work while the treatment journey remains fragile.

WHY IT MATTERS

Follow-up should identify injection burden, confidence, adverse effects, cost, and renewal barriers before they become discontinuation.



PRACTICE LENS

What this pattern means for care

The implications are framed for real-world use rather than ideal conditions.

Choose for the patient, not the molecule alone

Practice implication

Disease pattern, comorbidity, lifestyle, administration preference, and access should be considered together.

Plan persistence at initiation

Practice implication

The first prescription should include expectations, follow-up, access renewal, and a response plan if treatment becomes difficult to maintain.

Review durability, not only clearance

Practice implication

Long-term value includes sustained control, quality of life, treatment burden, and whether response remains stable between visits.

OPEN-TEXT THEMES

What respondents added beyond the fixed choices

The survey asked: "In your experience, what is the single biggest gap or challenge in using biologics in dermatology today?" The themes below group the recurring issues described by dermatologists in their own words.

1. **Durable efficacy and remission**
Respondents called for medicines that do not lose efficacy over time and for outcomes that move closer to sustained remission or a meaningful disease reset.

2. **Knowing which treatment will work for the individual**
Comments highlighted the need to predict response more accurately, distinguish among options, and personalise dosing or selection for the individual patient.

3. **Coverage, cost, and approval burden**
Insurance coverage, patient cost, approval time, bureaucracy, and the effort required to maintain access from year to year dominated the practical concerns.

4. **Real-world evidence that matches trial expectations**
Some respondents pointed to a gap between clinical-trial performance and real-world experience, along with a need for better evidence on combination strategies.

5. **Options for difficult-to-treat disease and later lines**
Comments noted limited response in difficult conditions and after several treatment lines, including concerns around alopecia areata and hidradenitis suppurativa.

CLOSING PERSPECTIVE

Earlier biologic use raises the standard from short-term response to durable, sustainable control.

The findings show a specialty that is confident in biologic therapy and increasingly willing to use it earlier. That confidence is supported by clear real-world improvement, but it does not remove the complexity of choosing and sustaining treatment.

The next challenge is not simply gaining access to more options. It is matching therapy to disease context and comorbidity, setting realistic long-term expectations, protecting access, and responding early when persistence or efficacy begins to weaken.

The future measure of progress will be durable control in ordinary practice. A biologic fulfils its potential when the patient can start it, remain on it, understand its role, and experience benefit that stays meaningful over time.

SELECTED EXTERNAL CONTEXT

1. AAD clinical guidelines
2. AAD psoriasis biologics information

MDForLives

The Global Pulse of Healthcare

Real Opinions to Insights. Validated by Data.

This report combines MDForLives survey findings with carefully selected external clinical context. Survey values are presented exactly as reported.