VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy
- Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)

REVIEW DATE: 04/27/2022

OVERVIEW

Actemra subcutaneous injection, an interleukin-6 (IL-6) receptor inhibitor, is approved for the following uses:[1]

- **Giant cell arteritis** in adults.
- **Interstitial lung disease associated with systemic sclerosis,** for slowing the rate of decline in pulmonary function in adults.
- **Polyarticular juvenile idiopathic arthritis**, for the treatment of active disease in patients ≥ 2 years of age.
- **Rheumatoid arthritis**, for treatment of adults with moderate to severe active disease who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).
- **Systemic juvenile idiopathic arthritis**, for the treatment of active disease in patients ≥ 2 years of age.

Guidelines/Clinical Efficacy

IL-6 blockers are mentioned in multiple guidelines for treatment of inflammatory conditions. Clinical data also support use of Actemra in other conditions.

- **Giant Cell Arteritis and Polymyalgia Rheumatica:** Recommendations from the European League Against Rheumatism (EULAR) [2018] state the diagnosis of giant cell arteritis may be made without biopsy if there is a high suspicion of giant cell arteritis and a positive imaging test.[4] In the pivotal trial evaluating Actemra subcutaneous for giant cell arteritis (n = 251), patients were treated with corticosteroids in an open-label fashion (20 mg to 60 mg/day) during the screening period prior to treatment with Actemra subcutaneous.[2-3] Sustained remission at Week 52 was achieved in 56% of patients who received Actemra subcutaneous every week + 26-week prednisone taper and 53% of patients who received Actemra every other week + 26-week prednisone taper vs. in 14% of patients in the 26-week prednisone taper and 18% of patients in the 52-week prednisone taper.
- **Interstitial Lung Disease Associated with Systemic Sclerosis:** EULAR guidelines for systemic sclerosis (2016) do not address Actemra.[14] In the pivotal trial evaluating Actemra subcutaneous for systemic sclerosis-associated interstitial lung disease, patients were required to have a percentage of predicted forced vital capacity (FVC% predicted) > 55%.[15] Among patients with interstitial lung disease confirmed on high-resolution computed tomography scan (n = 136), the change from baseline in FVC% predicted at Week 48 was significantly improved in the group taking Actemra (0.07 vs. -6.40 with placebo).
- **Polyarticular Juvenile Idiopathic Arthritis**: The American College of Rheumatology (ACR)/Arthritis Foundation guidelines for the treatment of Juvenile Idiopathic Arthritis (2019) are specific to juvenile non-systemic polyarthritis, sacroiliitis, and enthesitis.[8] For patients without risk factors, initial therapy with a DMARD is conditionally recommended over a biologic (including Actemra). Biologics (e.g., Actemra) are conditionally recommended as initial treatment when combined with a DMARD over biologic monotherapy.
- **Rheumatoid Arthritis**: Guidelines from the ACR for the treatment of rheumatoid arthritis (2015) have tumor necrosis factor (TNF) inhibitors and non-TNF biologics (such as Actemra) equally

positioned as a recommended therapy following a trial of a conventional synthetic DMARD (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine).[10]

- **Systemic Juvenile Idiopathic Arthritis**: The 2013 update of the 2011 ACR recommendations for the treatment of systemic juvenile idiopathic arthritis mention Actemra as a second- or third-line agent in patients with varying degrees of synovitis, with or without active systemic features.[9] Nonsteroidal anti-inflammatory drugs, systemic glucocorticoids, Kineret, TNF inhibitors, and methotrexate are among other treatment options.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Actemra subcutaneous. Because of the specialized skills required for evaluation and diagnosis of a patient treated with Actemra subcutaneous as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Actemra subcutaneous to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the approval duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

All reviews for use of Actemra subcutaneous for COVID-19 and/or cytokine release syndrome associated with COVID-19 will be forwarded to the Medical Director.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Actemra subcutaneous is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Giant Cell Arteritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):
     - **i.** Patient has tried one systemic corticosteroid; AND
       Note: An example of a systemic corticosteroid is prednisone.
     - **ii.** The medication is prescribed by or in consultation with a rheumatologist.
   - **B)** Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve for 1 year if the patient meets BOTH of the following (i and ii):
     - **i.** Patient has been established on therapy for at least 6 months; AND
       Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
     - **ii.** Patient meets at least ONE of the following (a or b):
       - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Actemra); OR
         Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids.
       - **b)** Compared with baseline (prior to initiating Actemra), patient experienced an improvement in at least one symptom, such as decreased headache, scalp, or jaw pain; decreased fatigue, and/or improved vision.

2. Interstitial Lung Disease Associated with Systemic Sclerosis. Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient has elevated acute phase reactants, defined as at least ONE of the following (a, b, or c):
  - **a)** C-reactive protein (CRP) ≥ 6 mg/mL; OR
  - **b)** Erythrocyte sedimentation rate (ESR) ≥ 28 mm/h; OR
  - **c)** Platelet count ≥ 330 x 10^9/L; AND
- **iii.** Forced vital capacity (FVC) is > 55% of the predicted value; AND
- **iv.** Diagnosis is confirmed by high-resolution computed tomography; AND
- **v.** The medication is prescribed by or in consultation with a pulmonologist or a rheumatologist.

B) Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve if the patient meets ALL of the following (i, ii, and iii):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient has experienced a beneficial response to therapy over the previous 1 year while receiving Actemra; AND
  Note: For a patient who has received less than 1 year of therapy, response to therapy is from baseline prior to initiating Actemra. Examples of a beneficial response include a reduction in the anticipated decline in forced vital capacity, improvement in 6-minute walk distance, and/or reduction in the number or severity of disease-related exacerbations.
- **iii.** The medication is prescribed by or in consultation with a pulmonologist or a rheumatologist.

3. Polyarticular Juvenile Idiopathic Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):
- **i.** Patient meets ONE of the following (a, b, c, or d):
  - **a)** Patient has tried one other systemic therapy for this condition; OR
    Note: Examples of other systemic therapies include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID). A previous trial of one biologic other than the requested drug also counts as a trial of one systemic therapy for Juvenile Idiopathic Arthritis. A biosimilar of Actemra does not count. Refer to Appendix for examples of biologics used for Juvenile Idiopathic Arthritis.
  - **b)** Patient will be starting on Actemra subcutaneous concurrently with methotrexate, sulfasalazine, or leflunomide; OR
  - **c)** Patient has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR
    Note: Examples of absolute contraindications to methotrexate include pregnancy, breastfeeding, alcoholic liver disease, immunodeficiency syndrome, and blood dyscrasias; OR
  - **d)** Patient has aggressive disease, as determined by the prescriber; AND
- **ii.** The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve for 1 year if the patient meets BOTH of the following (i and ii):
- **i.** Patient has been established on therapy for at least 6 months; AND
  Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- **i.** Patient meets at least ONE of the following (a or b):
  - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Actemra); OR
    Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS),

Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.

b) Compared with baseline (prior to initiating Actemra), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.

4. Rheumatoid Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient has tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND

Note: Examples of conventional DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already had a 3-month trial at least one biologic other than Actemra. A biosimilar of Actemra does not count. Refer to Appendix for examples of biologics used for rheumatoid arthritis. A patient who has already tried a biologic for rheumatoid arthritis is not required to "step back" and try a conventional synthetic DMARD.

ii. The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

5. Systemic Juvenile Idiopathic Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient has tried one other systemic therapy for this condition; AND

Note: Examples of other systemic therapies include a corticosteroid (oral, intravenous), a conventional synthetic disease-modifying antirheumatic drug (DMARD) [e.g., methotrexate, leflunomide, sulfasalazine], or a 1-month trial of a nonsteroidal anti-inflammatory drug (NSAID). A previous trial of one biologic other than Actemra (e.g., Kineret [anakinra subcutaneous injection], a tumor necrosis factor inhibitor [e.g., an etanercept product, an adalimumab product, an infliximab product], or Ilaris [canakinumab subcutaneous injection]) also counts towards a trial of one other systemic therapy for systemic juvenile idiopathic arthritis. A biosimilar of Actemra does not count.

ii. The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve for 1 year if the patient meets BOTH of the following (i and ii):
- **i.** Patient has been established on therapy for at least 6 months; AND
  Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- **ii.** Patient meets at least ONE of the following (a or b):
  - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
    Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
  - **b)** Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Other Uses with Supportive Evidence

6. Polymyalgia Rheumatica. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):
- **i.** Patient has tried one systemic corticosteroid; AND
  Note: An example of a systemic corticosteroid is prednisone.
- **ii.** The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Actemra (Subcutaneous or Intravenous). Approve for 1 year if the patient meets BOTH of the following (i and ii):
- **i.** Patient has been established on therapy for at least 6 months; AND
  Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
- **ii.** Patient meets at least ONE of the following (a or b):
  - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Actemra); OR
    Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids.
  - **b)** Compared with baseline (prior to initiating Actemra), patient experienced an improvement in at least one symptom, such as decreased shoulder, neck, upper arm, hip, or thigh pain or stiffness; improved range of motion; and/or decreased fatigue.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Actemra subcutaneous is not recommended in the following situations:

1. **Concurrent use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** Data are lacking that evaluate concomitant use of Actemra subcutaneous with another biologic or with a targeted synthetic DMARD for an inflammatory condition (see Appendix for examples).[1,11] Combination therapy with biologics and/or biologics + targeted synthetic DMARDs has a potential for a higher rate of adverse effects and lacks controlled trial data in support of additive efficacy.[12] Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Actemra subcutaneous.

2. **COVID-19 (Coronavirus Disease 2019).** Forward all requests to the Medical Director.
   Note: This includes requests for cytokine release syndrome associated with COVID-19.

2. **Crohn's Disease.** In a 12-week pilot study conducted in Japan, 36 adults with active Crohn's disease (Crohn's Disease Activity Index [CDAI] ≥ 150 and increased C-reactive protein [CRP]) were randomized in a double-blind fashion to intravenous Actemra 8 mg/kg every 2 weeks, or alternating infusions of Actemra 8 mg/kg every 4 weeks and placebo (i.e., alternating with placebo every 2 weeks), or to placebo every 2 weeks.[13] At baseline the CDAI means ranged from 287 to 306. Patients had been treated with corticosteroids, mesalamine-type drugs, metronidazole, or elemental diet. Six patients in the placebo group, four on Actemra every 4 weeks, and one on Actemra every 2 weeks dropped out. The mean reduction in the CDAI score in the Actemra 8 mg/kg every 2 week group was 88 points – from mean 306 to 218. Further studies are needed.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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6. Devauchelle-Pensec V, Berthelot JM, Cornec D, et al. Efficacy of first-line tocilizumab therapy in early polymyalgia rheumatica: a prospective longitudinal study. *Ann Rheum Dis*. 2016;75(8):1506-1510.
7. Macchioni P, Boiardi L, Catanoso M, et al. Tocilizumab for polymyalgia rheumatica: report of two cases and review of the literature. *Semin Arthritis Rheum*. 2013;43(1):113-118.
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12. Xeljanz® tablets [prescribing information]. New York, NY: Pfizer; December 2019.

13. Ito H, Takazoe M, Fukuda Y, et al. A pilot randomized trial of a human anti-interleukin-6 receptor monoclonal antibody in active Crohn's disease. *Gastroenterology*. 2004;126:989-996.
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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Interstitial Lung Disease Associated with Systemic Sclerosis:** Criteria were added for this newly approved indication. For all approvals (1 year duration), the patient must be ≥ 18 years of age and the medication must be prescribed by or in consultation with a pulmonologist or rheumatologist. For initial therapy, there are also the following requirements: the patient must have elevated acute phase reactants, forced vital capacity (FVC) must be > 55% of the predicted value, and the diagnosis must be confirmed by high-resolution computed tomography. For a patient continuing therapy, the patient must have demonstrated adequate efficacy, defined as ≤ 10% decrease in predicted FVC over the past year while on Actemra. **Polyarticular Juvenile Idiopathic Arthritis:** Criteria were clarified to state that previously tried agents must have been systemic therapies.	03/31/2021
Selected Revision	**Interstitial Lung Disease Associated with Systemic Sclerosis:** For a patient currently receiving Actemra, a response to therapy was changed to require a beneficial response to therapy over the last year while receiving Actemra. Previously, criteria required ≤ 10% decrease in predicted forced vital capacity over the past year.	09/15/2021
Selected Revision	**Giant Cell Arteritis:** For a patient currently receiving, it was clarified that this applies to a patient who is receiving for ≥ 6 months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber. **Polyarticular Juvenile Idiopathic Arthritis:** Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to one biologic other than the requested drug. For a patient currently receiving, it was clarified that this applies to a patient who is taking for ≥ 6 months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. For continuation, approvals were changed to 1 year in duration. Previously, response was more general and according to the prescriber, and approvals were for 3 years. **Rheumatoid Arthritis:** Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to one biologic other than the requested drug. For a patient currently receiving, it was clarified that this applies to a patient who is taking for ≥ 6 months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. For continuation, approvals were changed to 1 year in duration. Previously, response was more general and according to the prescriber, and approvals were for 3 years. **Systemic Juvenile Idiopathic Arthritis:** Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to one biologic other than the requested drug. For a patient currently receiving, it was clarified that this applies to a patient who is taking for ≥ 6 months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. For continuation, approvals were changed to be 1 year in duration. Previously, response was more general and according to the prescriber, and approvals were for 3 years. **Polymyalgia Rheumatica:** For a patient currently receiving, it was clarified that this applies to a patient who is receiving for ≥ 6 months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.	12/01/2021
Annual Revision	No criteria changes.	04/27/2022

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Simponi®, Simponi® Aria™ (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Actemra® (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PsA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya™ (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection)	Inhibition of IL-23	PsA, PsO
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23	PsO
Entyvio™ (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic DMARDs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, RA, PsA, UC
Xeljanz® (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis.