

The Remission Line

Biologics are a tool to reach remission— not a lifetime commitment. Six years of independent, peer-reviewed research trace how the evidence got here. The latest findings are in the BeNeBio Study¹ published in The Lancet.



The Assumption
“Once you start a biologic, you’re on it for life.”



The BeNeBio Evidence
Remission can often be held on less drug, under physician guidance.

WHY THIS IS ON EVERY HEALTH PLAN’S RADAR RIGHT NOW

Chronic disease became chronic full-dose therapy— by default, **not by design**

Biologics made remission achievable for most patients with moderate-to-severe psoriasis and eczema.

Somewhere between reaching remission and staying there, care defaulted to full dose, indefinitely.



45.7%
Dermatology drug cost growth, year over year



Top 3
Psoriasis & Eczema biologics as a spend driver

THE SCIENCE IS IN

Sustained Remission ≠ Sustained Medication



Evidence never suggested that remission is dependent on sustained systemic prescription.



High-touch reassessments by a clinical team are hard to come by with traditional fee-for-service dermatology care.



THE OPEN QUESTION

The evidence keeps arriving. Most practices still can’t act on it.

The BeNeBio study is not a first. An ever-evolving landscape, the past six years, has produced mounting validation for the clinical case for dose reduction. None of them hands dermatology practice the infrastructure to run it at scale. Fee-for-service dermatology was never built to sustain the kind of ongoing monitoring and follow-through remission-based chronic care requires. Running the protocols takes more than this.

WHERE THE TIMELINE STANDS TODAY

Zest: already running what the evidence just proved

Not just a response to the latest study: Zest’s clinical model has treated psoriasis and eczema remission as the goal, and biologic dose as something to continuously reassess inside active health plan partnerships all along. Operationalizing the best practice at scale can only be done in the value-based model.



Peer-reviewed with Brigham and Women’s Hospital / Harvard Medical School researchers²: **longitudinal high-touch virtual dermatology produced a 65.5% reduction in disease impact (DLQI), severe disease burden down from 51% to 12%.**

Health Plan Case Study³



53%
of enrollees deprescribed



\$17K+
PEPY savings net of rebates



94%
improved or stable disease



3.3:1
return on investment

1. van den Reek J, van Riel C, Soenen R et al. Dose Reduction of IL17 and IL23 Inhibitors in Psoriasis (BeNeBio study): An International, Pragmatic, Multicentre, Randomised, Controlled, Non-Inferiority Trial The Lancet Regional Health – Europe, 2026; 67
2. Salloum L, Dewey E, Biba U, Day R, Mostaghimi A. Clinical Outcomes in a Longitudinal Virtual Dermatology Care Model for Eczema and Psoriasis. Dermatol Pract Concept. 2026;16(3):7607.
3. Independent Health Case Study

Remission is the goal.
Not a lifetime prescription.

See how one health plan already built a program around that principle.

Case Study →