(CsA) is a potent immunosuppressant affecting both humoral and cellular immune responses, which could lead to increased susceptibility to infections and decreased cancer immunosurveillance. Other commonly recognized toxicities of CsA include hypertension and impaired renal and hepatic function. In addition, CsA interacts with other commonly used medicines potentially affecting their metabolism and effect.

[0007] There remains an unmet medical need for safer and more effective therapies and treatment regimens for moderate to severe AD. There is also a need for therapeutic treatments and dosing regimens that provide higher tolerability and convenience and lower risk for patients, thereby improving patient compliance and satisfaction.

SUMMARY

[0007a] In a first aspect of the present disclosure, there is provided a use of an anti-IL-13 antibody, or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for the treatment of moderate to severe atopic dermatitis in a patient, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every four weeks for a maintenance period of 8 to 36 weeks.

[0007b] In another aspect of the present disclosure, there is provided a use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a

LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every four weeks for a maintenance period of 8 to 36 weeks.

[0007c] In yet another aspect of the present disclosure, there is provided a use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for the treatment of moderate to severe atopic dermatitis in a patient, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every eight weeks for a maintenance period of 8 to 36 weeks.

[0007d] In a further aspect of the present disclosure, there is provided a use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every eight weeks for a maintenance period of 8 to 36 weeks.

[0008] Provided herein are methods, uses, and pharmaceutical compositions of anti-IL-13 antibodies (e.g., lebrikizumab) for treating atopic dermatitis. Also provided herein are dosing regimens for the methods and uses of anti-IL-13 antibodies (e.g., lebrikizumab) for treating atopic dermatitis. The methods and dosing regimens provided herein have one or more of the following advantages: optimized and improved dosing frequency that enables higher patient compliance and higher patient satisfaction while maintaining the desired efficacy; lower risk of injection site reactions; and/or lower manufacturing costs.

[0009] In one example, provided herein are methods of treating moderate to severe atopic dermatitis in a patient in need thereof, the method comprising: administering to the patient an anti-IL-13 antibody for an induction period (or a first period) of up to 16 weeks (e.g., 4 to 16 weeks), wherein, during the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; and administering to the patient the anti-IL-13 antibody 250 mg once every four weeks for a maintenance period (or a second period) of up to 36 weeks (e.g., 8 to 36 weeks). In some examples, the induction period (or the first period) is 16 weeks. During the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks. In some examples, the maintenance period (or the second period) is 36 weeks. In some examples, the anti-IL-13 antibody is administered to the patient subcutaneously.

[0010] In some examples, provided herein are methods of treating moderate to severe atopic dermatitis in a patient in need thereof, and such methods comprise administering to the patient an anti-IL-13 antibody for an induction period (or a first period) of up to 16 weeks (e.g., 4 to 16 weeks), wherein, during the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; and administering to the patient the anti-IL-13 antibody 250 mg once every two weeks for a maintenance period (or a second period) of up to 36 weeks (e.g., 8 to 36 weeks). In some examples, the induction period (or the first period) is 16 weeks. During the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks. In some examples, the maintenance period (or the second period) is 36 weeks. In some examples, the anti-IL-13 antibody is administered to the patient subcutaneously.

[0011] Also provided herein are methods of treating moderate to severe atopic dermatitis in a patient in need thereof, the method comprising: administering to the patient an anti-IL-13 antibody for an induction period (or a first period) of up to 16 weeks (e.g., 4 to 16 weeks), wherein, during the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; determining if the patient is a responder to the anti-IL-13 antibody after the induction period (or the first period); and if the patient is a responder, administering to the patient the anti-IL-13 antibody at 250 mg once every two weeks or once every four weeks or once every eight weeks for a maintenance period (or a second period) of up to 36 weeks (e.g., 8 to 36 weeks); if the patient is not a responder, administering to the patient the anti-IL-13 antibody at 250 mg once every two weeks for a maintenance period (or a second period) of up to 36 weeks (e.g., 8 to 36 weeks). In some examples, the induction period (or the first period) is 16 weeks. During the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks. In some examples, the maintenance period (or the second period) is 36 weeks. Determining if the patient is a responder to the anti-IL-13 antibody can be assessed by evaluating the patient's skin clearance, skin improvement, and/or improvement in itch, sleep, or quality of life. For example, skin clearance and skin improvement can be measured by Investigator Global Assessment (IGA) or Eczema Area and Severity Index (EASI) scores. Itch, sleep loss and quality of life can be

measured by Pruritus Numerical Rating Scale (NRS), Sleep Loss score and DLQI (Dermatology Life Quality Index) or CDLQI (Children Dermatology Life Quality Index) scales, respectively. In some examples, the patient is a responder when the patient's EASI score determined after the induction period (or the first period) is reduced by 75% or greater compared to the patient's EASI score at the baseline. In some examples, the patient is a responder when the patient's IGA score is 0 or 1 after the induction period (or the first period). In some examples, the patient is a responder when the patient's IGA score is 0 or 1 after the induction period (or the first period) and the patient's IGA score determined after the induction period (or the first period) is reduced by 2 points or greater compared to the patient's IGA score at the baseline. In some examples, if the patient is a responder, the anti-IL-13 antibody is administered at 250 mg once every four weeks for the maintenance period (or the second period). In some examples, the anti-IL-13 antibody is administered to the patient subcutaneously.

[0012] In some examples, provided herein are methods of treating moderate to severe atopic dermatitis in a patient in need thereof, the method comprising: administering to the patient an anti-IL-13 antibody for a first period of 4 to 16 weeks, wherein, during the first period, the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; and administering to the patient the anti-IL-13 antibody 250 mg once every four weeks or once every eight weeks for a second period of 8 to 36 weeks, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6.

[0013] In some examples, provided herein are methods of treating moderate to severe atopic dermatitis in a patient in need thereof, the method comprising: administering to the patient an anti-IL-13 antibody for a first period of 4 to 16 weeks, wherein, during the first period, the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; determining if the patient is a responder to the anti-IL-13 antibody after the first period; and if the patient is a responder, administering to the patient the anti-IL-13 antibody at 250 mg once every four weeks or once every eight weeks for a second period of 8 to 36 weeks; if the patient is not a responder, administering to the patient the anti-IL-

13 antibody at 250 mg once every two weeks for a second period of 8 to 36 weeks, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6.

[0014] In some examples, the patient has moderate to severe atopic dermatitis for at least a year at the baseline. The moderate to severe atopic dermatitis can be determined by criteria known in the art, e.g., the American Academy of Dermatology Consensus Criteria for Chronic Atopic Dermatitis. In some examples, the patient has an EASI score of 16 or greater, an IGA score of 3 or greater, and more than 10% of body surface area (BSA) affected by atopic dermatitis, at the baseline. In some examples, the patient has inadequate response to topical corticosteroids, topical calcineurin inhibitors, or crisaborole; or topical corticosteroids, topical calcineurin inhibitors, or crisaborole are medically inadvisable for the patient. In some examples, the patient is aged 12 years and older.

[0015] In some examples, the methods described herein further comprise determining one or more of the following characteristics of the patient at baseline and during and after the induction period (or the first period): the EASI score; the IGA score; the percentage of BSA affected by atopic dermatitis; pruritus NRS score; SCORAD (Scoring of Atopic Dermatitis) score; sleep loss score; POEM (Patient-Oriented Eczema Measure) total score; DLQI (Dermatology Life Quality Index) or CDLQI (Children Dermatology Life Quality Index) score; EQ-5D (European Quality of Life–5 Dimensions); ACQ-5 (Asthma Control Questionnaire-5); PROMIS (Patient-Reported Outcomes Measurement Information System) Anxiety and Depressive Symptoms.

[0016] In some examples, the methods described herein further comprise determining one or more of the following characteristics of the patient during and after the maintenance period (or the second period): the EASI score; the IGA score; the percentage of BSA affected by atopic dermatitis; pruritus NRS score; SCORAD score; sleep loss score; POEM total score; DLQI or CDLQI score; EQ-5D; ACQ-5; PROMIS Anxiety and Depressive Symptoms.

[0017] In another example, provided herein are methods of reducing sleep loss in a patient with moderate to severe atopic dermatitis; such methods comprise administering to the patient an anti-

IL-13 antibody (e.g., lebrikizumab) at a loading dose of 500 mg at baseline (week 0) and week 2, followed by a subsequent dose of 250 mg once every two weeks. In some examples, the anti-IL-13 antibody is administered to the patient for a period of 4 to 52 weeks. In some examples, the anti-IL-13 antibody is administered to the patient for a period of 4 to 16 weeks. In some examples, the sleep loss is determined by the patient's sleep loss score. In some examples, the patient's sleep loss score after the anti-IL-13 antibody treatment is reduced for two points or greater compared to the patient's sleep score at baseline.

[0018] Also provided herein are methods of reducing sleep loss in a patient with moderate to severe atopic dermatitis; such methods comprise administering to the patient an anti-IL-13 antibody (e.g., lebrikizumab) for an induction period (or a first period) of 4 to 16 weeks, wherein, during the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; and administering to the patient the anti-IL-13 antibody 250 mg once every two weeks or once every four weeks or once every eight weeks for a maintenance period (or a second period) of 8 to 36 weeks. In some examples, the sleep loss is determined by the patient's sleep loss score. In some examples, the patient's sleep loss score after the anti-IL-13 antibody treatment is reduced for two points or greater compared to the patient's sleep score at baseline.

[0019] Also provided herein are methods of reducing sleep loss in a patient with moderate to severe atopic dermatitis; such methods comprise administering to the patient an anti-IL-13 antibody (e.g., lebrikizumab) for an induction period (or a first period) of 4 to 16 weeks, wherein, during the induction period (or the first period), the anti-IL-13 antibody is administered at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; determining if the patient is a responder to the anti-IL-13 antibody after the induction period (or the first period); and if the patient is a responder, administering to the patient the anti-IL-13 antibody at 250 mg once every two weeks or once every four weeks or once every eight weeks for a maintenance period (or a second period) of 8 to 36 weeks; if the patient is not a responder, administering to the patient the anti-IL-13 antibody at 250 mg once every two weeks for a maintenance period (or a second period) of 8 to 36 weeks. In some examples, the sleep loss is determined by the patient's sleep loss score. In some examples, the patient's sleep

loss score after the anti-IL-13 antibody treatment is reduced for two points or greater compared to the patient's sleep score at baseline.

[0020] In some examples, the methods described herein further comprise determining one or more of the following characteristics of the patient: the EASI score; the IGA score; the percentage of BSA affected by atopic dermatitis; pruritus NRS score; SCORAD score; sleep loss score; POEM total score; DLQI or CDLQI score; EQ-5D; ACQ-5; PROMIS Anxiety and Depressive Symptoms.

[0021] In some examples, the anti-IL-13 antibody binds IL-13 with high affinity and blocks signaling through the active IL-4Ralpha/IL-13Ralpha1 heterodimer. In some examples, the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6. In some examples, the anti-IL-13 antibody comprises a VH comprising SEQ ID NO: 7, and a VL comprising SEQ ID NO: 8. In some examples, the anti-IL-13 antibody comprises a heavy chain comprising SEQ ID NO: 9, and a light chain comprising SEQ ID NO: 10. In some examples, the anti-IL-13 antibody is lebrikizumab.

[0022] In another example, provided herein are anti-IL-13 antibody or pharmaceutical composition comprising an anti-IL-13 antibody for use in the treatment of moderate to severe atopic dermatitis in a patient.

[0023] In another example, provided herein are anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, for use in a method of reducing sleep loss in a patient with moderate to severe atopic dermatitis. In another example, provided herein are anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, for use in reducing sleep loss in a patient with moderate to severe atopic dermatitis.

[0024] In some examples, provided herein are anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, for use in reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a

LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration at a loading dose of 500 mg at baseline (week 0) and week 2, followed by a subsequent dose of 250 mg once every two weeks.

[0025] In some examples, provided herein are anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, for use in reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period (or a first period) of 4 to 16 weeks, and during the induction period (or the first period), the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 2 to 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every four weeks for a maintenance period (or a second period) of 8 to 36 weeks.

[0026] In another example, provided herein are uses of an anti-IL-13 antibody in the manufacture of a medicament for the treatment of moderate to severe atopic dermatitis in a patient. Also provided herein are uses of an anti-IL-13 antibody in the manufacture of a medicament for reducing sleep loss in a patient with moderate to severe atopic dermatitis.

[0027] In some examples, the methods, uses, and pharmaceutical compositions described herein further comprise administrating one or more topical corticosteroids to the patient. In some examples, the topical corticosteroid is triamcinolone acetonide, hydrocortisone, or a combination of triamcinolone acetonide and hydrocortisone. In some examples, the topical corticosteroids are administered concomitantly with the anti-IL-13 antibody.

BRIEF DESCRIPTION OF THE DRAWINGS

[0028] Figure 1 is a schematic diagram of the Phase 3 study designs described in Example 1.

[0029] Figures 2A and 2B show baseline demographics of the participants in ADvocate 1; and Figure 2C shows baseline disease characteristics of the participants in ADvocate 1.

CLAIMS

1. Use of an anti-IL-13 antibody, or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for the treatment of moderate to severe atopic dermatitis in a patient, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every four weeks for a maintenance period of 8 to 36 weeks.

2. Use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every four weeks for a maintenance period of 8 to 36 weeks.

3. Use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for the treatment of moderate to severe atopic dermatitis in a patient, wherein the anti-IL-13 antibody comprises a heavy chain

variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every eight weeks for a maintenance period of 8 to 36 weeks.

4. Use of an anti-IL-13 antibody or a pharmaceutical composition comprising an anti-IL-13 antibody, in the manufacture of a medicament for reducing sleep loss in a patient with moderate to severe atopic dermatitis, wherein the anti-IL-13 antibody comprises a heavy chain variable region (VH) and a light chain variable region (VL), wherein the VH comprises a HCDR1 comprising SEQ ID NO: 1, a HCDR2 comprising SEQ ID NO: 2, and a HCDR3 comprising SEQ ID NO: 3, and the VL comprises a LCDR1 comprising SEQ ID NO: 4, a LCDR2 comprising SEQ ID NO: 5, and a LCDR3 comprising SEQ ID NO: 6, and wherein the anti-IL-13 antibody or pharmaceutical composition is for administration for an induction period of 16 weeks, and during the induction period, the anti-IL-13 antibody is for administration at 500 mg at baseline (week 0) and week 2, followed by 250 mg once every two weeks for 14 weeks; and wherein the anti-IL-13 antibody is for administration at 250 mg once every eight weeks for a maintenance period of 8 to 36 weeks.

5. The use of any one of claims 1-4, wherein the patient has moderate to severe atopic dermatitis for at least a year at the baseline.

6. The use of any one of claims 1-5, wherein the moderate to severe atopic dermatitis is determined by the American Academy of Dermatology Consensus Criteria for Chronic Atopic Dermatitis.

7. The use of any one of claims 1-6, wherein, at the baseline, the patient has an EASI score of 16 or greater, an IGA score of 3 or greater, and more than 10% of body surface area (BSA) affected by atopic dermatitis.

8. The use of any one of claims 1-7, wherein the patient has inadequate response to topical corticosteroids, topical calcineurin inhibitors, or crisaborole; or topical corticosteroids, topical calcineurin inhibitors, or crisaborole are medically inadvisable for the patient.

9. The use of any one of claims 1-8, wherein the patient is aged 12 years and older.

10. The use of any one of claims 1-9, wherein the patient's EASI score is determined at baseline and during and after the induction period.

11. The use of any one of claims 1-10, wherein the patient's IGA score is determined at baseline and during and after the induction period.

12. The use of any one of claims 1-11, wherein one or more of the following characteristics of the patient is determined at baseline and during and after the induction period: the percentage of BSA affected by atopic dermatitis; pruritus NRS score; SCORAD score; sleep loss score; POEM total score; DLQI or CDLQI score; EQ-5D; ACQ-5; PROMIS Anxiety and Depressive Symptoms.

13. The use of claim 10, wherein the patient is a responder when the patient's EASI score determined after the induction period is reduced by 75% or greater compared to the patient's EASI score at the baseline.

14. The use of claim 11, wherein the patient is a responder when the patient's IGA score is 0 or 1 after the induction period and the patient's IGA score determined after the induction period is reduced by 2 points or greater compared to the patient's IGA score at the baseline.

15. The use of claim 2 or 4, wherein the sleep loss is determined by the patient's sleep loss score.

16. The use of claim 15, wherein the patient's sleep loss score after the anti-IL-13 antibody treatment is reduced for two points or greater compared to the patient's sleep score at baseline.

17. The use of any one of claims 1-16, wherein the maintenance period is 36 weeks.

18. The use of any one of claims 1-17, wherein the antibody comprises a VH comprising SEQ ID NO: 7, and a VL comprising SEQ ID NO: 8.

19. The use of any one of claims 1-18, wherein the antibody comprises a heavy chain comprising SEQ ID NO: 9, and a light chain comprising SEQ ID NO: 10.

20. The use of any one of claims 1-19, wherein the antibody is lebrikizumab.

21. The use of any one of claims 1-20, wherein the anti-IL-13 antibody is to be administered to the patient using a subcutaneous administration device.

22. The use of claim 21, wherein the subcutaneous administration device is selected from a prefilled syringe, disposable pen injection device, microneedle device, microinfuser device, needle-free injection device, or autoinjector device.

23. The use of any one of claims 1-22, wherein one or more topical corticosteroids is to be further administered to the patient.

24. The use of claim 23, wherein the one or more topical corticosteroids is triamcinolone acetonide, hydrocortisone, or a combination of triamcinolone acetonide and hydrocortisone.

25. The use of claim 23, wherein the one or more topical corticosteroids is to be administered concomitantly with the antibody.