

# Safety and Tolerability of Fixed Combination Halobetasol Propionate 0.01% and Tazarotene 0.045% (HP/TAZ) Lotion in Patients With Moderate-to-Severe Plaque Psoriasis: Results From a 1-Year, Open-Label Study

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## SYNOPSIS

- Topical corticosteroids are the mainstay of psoriasis treatment, particularly for mild disease,<sup>1</sup> though topical treatments as part of combination therapy for moderate-to-severe psoriasis is becoming increasingly common
- However, continuous use of topicals may be limited due to application-site adverse events (AEs)<sup>1</sup>
- Recent phase 3 clinical data have demonstrated efficacy and tolerability of a fixed combination lotion containing halobetasol propionate 0.01% and tazarotene 0.045% (HP/TAZ; Duobrii® Ortho Dermatologics, Bridgewater, NJ) in patients with moderate-to-severe localized plaque psoriasis<sup>2,3</sup>

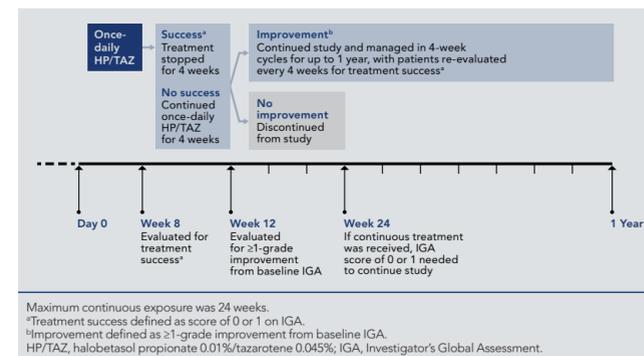
## OBJECTIVE

- To investigate AEs and local skin reactions following long-term use of HP/TAZ lotion

## METHODS

- This was a 1-year multicenter, open-label study (NCT02462083) in patients with moderate-to-severe plaque psoriasis
- Participants were treated with HP/TAZ lotion once-daily for 8 weeks and intermittently as needed in 4-week intervals (Figure 1)
  - At week 8, treatment was stopped for participants that achieved treatment success; those who did not reach treatment success were treated for 4 additional weeks
  - All participants were re-evaluated at week 12; those demonstrating ≥1-grade improvement in baseline Investigator's Global Assessment (IGA) continued the study and were subsequently managed in 4-week cycles, either treated with HP/TAZ lotion once-daily if they had not achieved treatment success or receiving no treatment until the next evaluation if they had achieved treatment success
- Maximum continuous exposure was 24 weeks

FIGURE 1. Open-Label Study Design



## RESULTS

### Participants and Exposure

- A total of 550 participants were included in the safety population
  - Mean age was 51.9 years (range: 19 to 87 years); 65.6% were male and 86.0% were white
  - Baseline IGA was moderate (3; 86.5%) or severe (4; 13.5%); median affected body surface area was 5%
- Median amount of study drug used was 256.5 g, median length of exposure was 172 days, and median number of applications was 164

### Treatment-Emergent Adverse Events

- Over half of participants experienced treatment-emergent adverse events (TEAEs) during the year-long study, primarily during the first 12 weeks (Table 1)
  - Most TEAEs were mild or moderate
  - None of the serious adverse events (SAEs) were related to treatment
- The most common TEAEs related to study drug were application site reactions (Table 1)

TABLE 1. Treatment-Emergent Adverse Event Summary (Safety Population)

	0-12 Weeks (n=527)	>12-24 Weeks (n=392)	>24-36 Weeks (n=239)	>36 Weeks-EOS (n=219)	Total (N=550)
Number of TEAEs, No.	395	194	98	71	758
Participants with ≥1 TEAE, n (%)	223 (42.3)	130 (33.2)	61 (25.5)	43 (19.6)	314 (57.1)
Discontinued study drug due to TEAE, n (%)	30 (5.7)	9 (2.3)	2 (0.8)	0	41 (7.5)
Participants with ≥1 SAE, <sup>a</sup> n (%)	6 (1.1)	5 (1.3)	5 (2.1)	2 (0.9)	18 (3.3)
Treatment-related TEAE, n (%)	120 (22.8)	43 (11.0)	18 (7.5)	8 (3.7)	161 (29.3)
TEAEs by severity, n (%)					
Mild	99 (18.8)	67 (17.1)	28 (11.7)	22 (10.0)	122 (22.2)
Moderate	101 (19.2)	55 (14.0)	26 (10.9)	16 (7.3)	151 (27.5)
Severe	23 (4.4)	8 (2.0)	7 (2.9)	5 (2.3)	41 (7.5)
Most common treatment-related TEAEs, <sup>b</sup> n (%)					
Application site dermatitis	38 (7.2)	20 (5.1)	6 (2.5)	2 (0.9)	56 (10.2)
Application site pruritus	22 (4.2)	6 (1.5)	4 (1.7)	2 (0.9)	33 (6.0)
Application site pain	24 (4.6)	2 (0.5)	1 (0.4)	1 (0.5)	28 (5.1)
Application site irritation	10 (1.9)	4 (1.0)	3 (1.3)	1 (0.5)	13 (2.4)

<sup>a</sup>None of the SAEs were deemed related to treatment; <sup>b</sup>n >2% of total participants.  
 EOS, end of study; SAE, serious adverse event; TEAE, treatment-emergent adverse event.

FIGURE 2. Local Skin Reactions Over Time, By Severity (Safety Population)

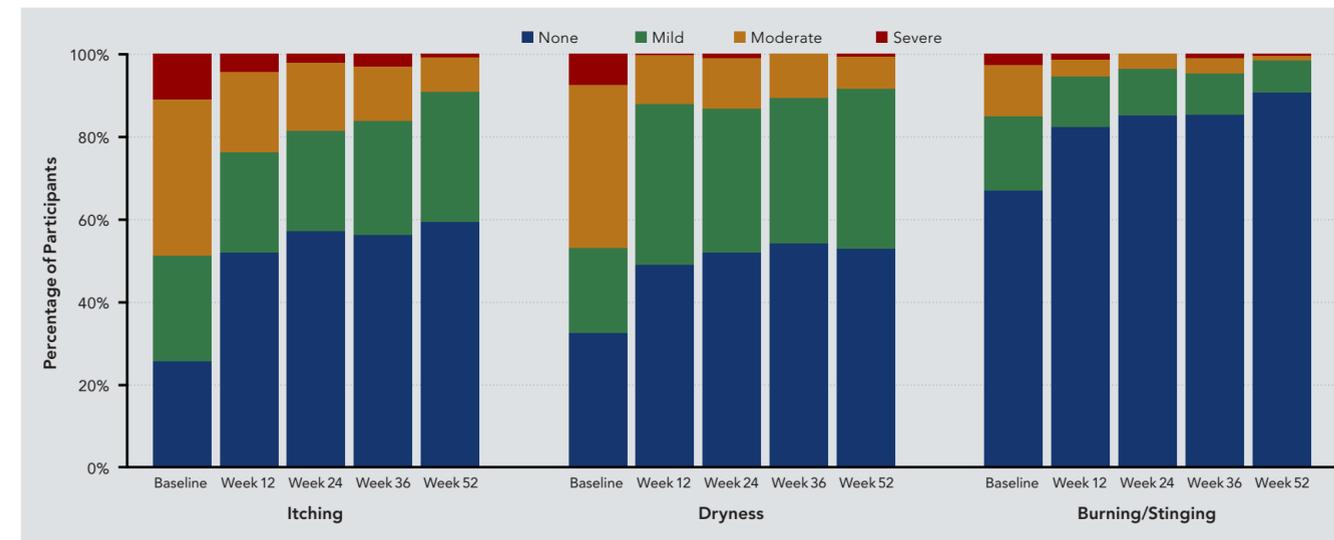
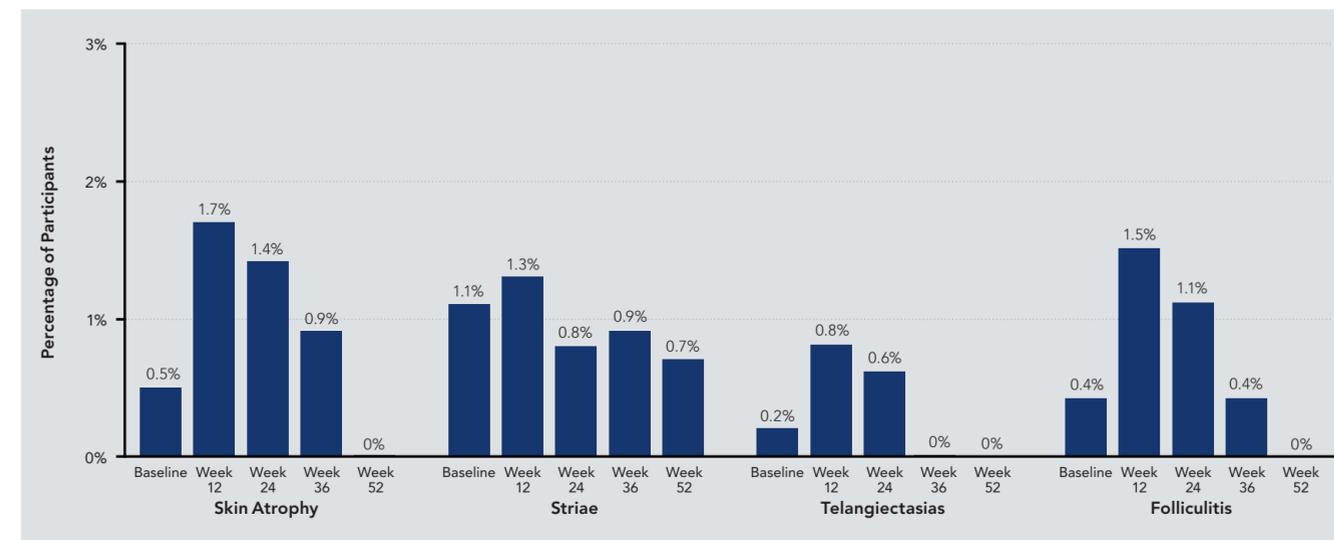


FIGURE 3. Incidence of Local Skin Reactions Over Time (Safety Population)



## Skin Reactions

- Select local signs/symptoms showed marked improvements in severity of itching, dryness, and burning/stinging over the study course; greatest improvement was for itching (Figure 2)
- Incidence of treatment-emergent Grade 3 local skin reactions was 22.2% for itching, 6.9% for dryness, and 9.8% for burning/stinging
- Incidence of other local skin reactions are shown in Figure 3
  - Incidence peaked at 2.3% for skin atrophy (week 8), 2.7% for folliculitis (week 8), and 1.5% for striae and telangiectasias (week 28)
- Local skin reactions most frequently reported as AEs were application site folliculitis (14 participants [2.5%]; 1 discontinued) and application site atrophy (4 participants [0.7%]; 1 discontinued); no participant reported striae or telangiectasias AEs
- Most local skin reactions were transient and resolved prior to end of dosing

## CONCLUSIONS

- No clinically meaningful trends in local skin reactions were observed following long-term use of a fixed combination HP 0.01%/TAZ 0.045% lotion
- The types of TEAEs were consistent with those of a corticosteroid and retinoid product, but occurred at lower-than-anticipated frequencies, suggesting a favorable long-term safety profile for HP/TAZ lotion

## REFERENCES

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## AUTHOR DISCLOSURES

Mark G Lebwohl is an employee of Mount Sinai and receives research funds from AbbVie, Amgen, Arcutis, AstraZeneca, Boehringer Ingelheim, Celgene, Clinuvel, Eli Lilly, Incyte, Janssen Research & Development LLC, Kadmon Corp LLC, Leo Pharmaceuticals, Medimmune, Novartis, Ortho Dermatologics, Pfizer, Scidem, UCB Inc, and ViDac; is a consultant for Allergan, Almirall, Arcutis Inc, Avotres Therapeutics, BirchBioMed Inc, Boehringer-Ingelheim, Bristol-Myers Squibb, Cara Therapeutics, Castle Biosciences, Corrona, Dermavant Sciences, Foundation for Research and Education in Dermatology, Inozyme Pharma, LEO Pharma, Meiji Seika Pharma, Menlo, Mitsubishi, Neuroderm, Pfizer, Promius/Dr. Reddy's Laboratories, Theravance, and Verrica. Jeffrey Sugarman is a consultant for Ortho Dermatologics, Bausch Health, Regeneron, Sanofi, and Pfizer. David M Pariser has served as consultant to Atacama Therapeutics, Bickel Biotechnology, Biofrontera AG, Celgene, Dermira, LEO, Regeneron, Sanofi, TDM SurgiTech, TheraVida, and Ortho Dermatologics; investigator for Abbott Laboratories, Almirall, Amgen, AOBiome, Asana Biosciences, Bickel Biotechnology, Celgene, Dermavant, Dermira, Eli Lilly, LEO, Menlo Therapeutics, Merck & Co., Novartis, Novo Nordisk A/S, Ortho Dermatologics, Pfizer, Regeneron, and Stiefel; on advisory board for Pfizer; and on the data monitoring board for BMS. Jerry Bagel is an investigator and speaker for Ortho Dermatologics. Cynthia Trickett has served as a speaker for Ortho Dermatologics. Abby Jacobson is an employee of Ortho Dermatologics and may hold stock and/or stock options in its parent company. Robert Israel is an employee of Bausch Health US, LLC and may hold stock and/or stock options in its parent company.