

# Safety and Efficacy of a Fixed Combination Halobetasol Propionate 0.01%/Tazarotene 0.045% (HP/TAZ) Lotion in the Treatment of Females With Moderate-to-Severe Plaque Psoriasis

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## SYNOPSIS

- Psoriasis is a chronic, immune-mediated disease that can have frequent exacerbations and remissions<sup>1</sup>
- Disease characteristics and optimal treatment strategies for psoriasis may differ between males and females<sup>2</sup>
- Females may have an increased burden of disease compared with males, as they have been shown to have higher levels of stress, stigmatization, and loneliness due to psoriasis<sup>3</sup>
- Recent phase 3 clinical data demonstrated the 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>4,5</sup>

## OBJECTIVE

- To evaluate efficacy and safety of HP/TAZ lotion in female and male patients with moderate-to-severe plaque psoriasis

## METHODS

- In two phase 3, multicenter, double-blind studies, participants were randomized (2:1) to receive HP/TAZ or vehicle lotion once-daily for 8 weeks, with a 4-week posttreatment follow-up<sup>4,5</sup>
- At baseline, patients were required to have an Investigator Global Assessment (IGA) score of 3 or 4 (5-point scale; 0=clear and 4=severe) and affected Body Surface Area (BSA) of 3% to 12%
- In these studies, CeraVe® hydrating cleanser and CeraVe® moisturizing lotion (L'Oréal, NY) were provided as needed for optimal moisturization/cleaning of the skin
- Data from these two studies were pooled and analyzed post hoc in female and male participants
- Efficacy assessments included treatment success (≥2-grade improvement from baseline in the IGA score and score of 'clear' or 'almost clear' [primary endpoint]), impact on individual signs of psoriasis at the target lesion, and change in BSA affected
- Treatment-emergent adverse events (TEAEs) were evaluated

FIGURE 1. Overall Treatment Success<sup>a</sup> by Study Visit in Female and Male Participants (ITT Population, Pooled)

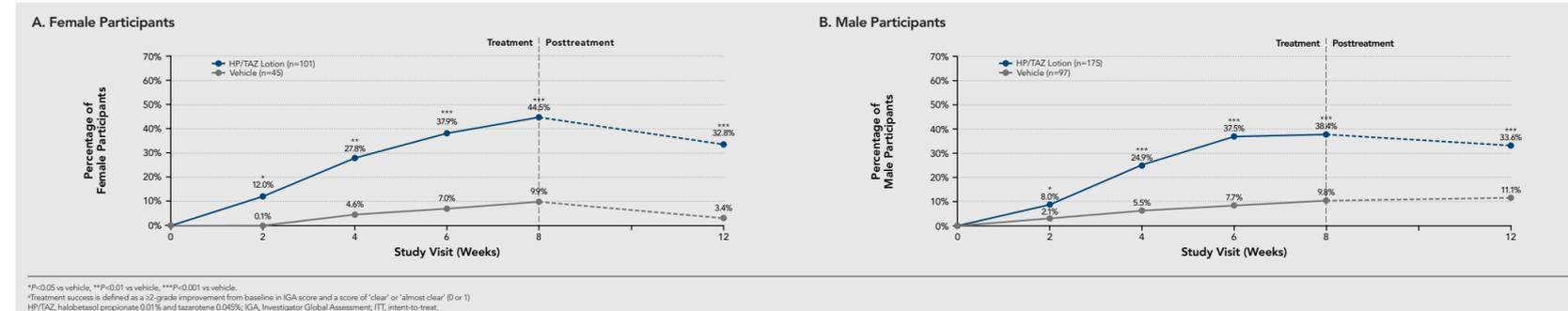


FIGURE 2. Treatment Success<sup>a</sup> in Psoriasis Signs at Week 8 in Female and Male Participants (ITT Population, Pooled)

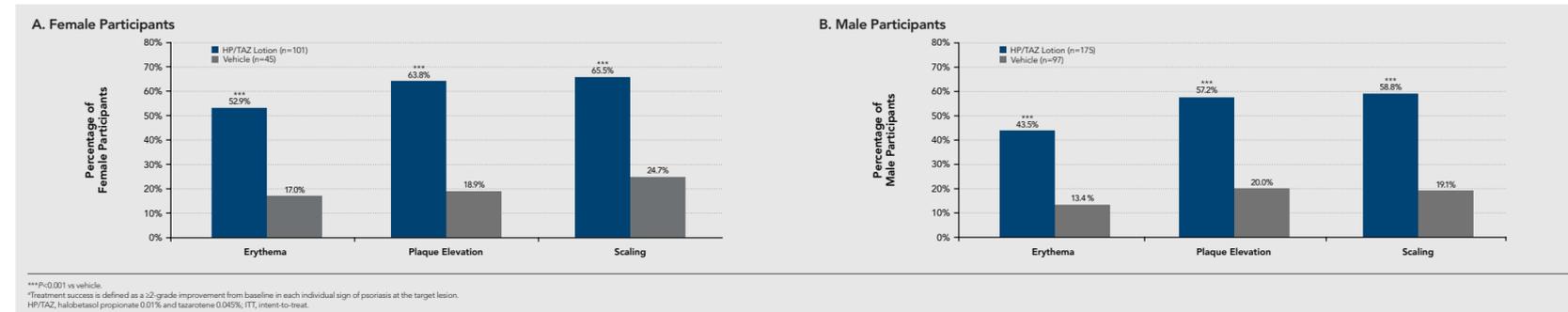
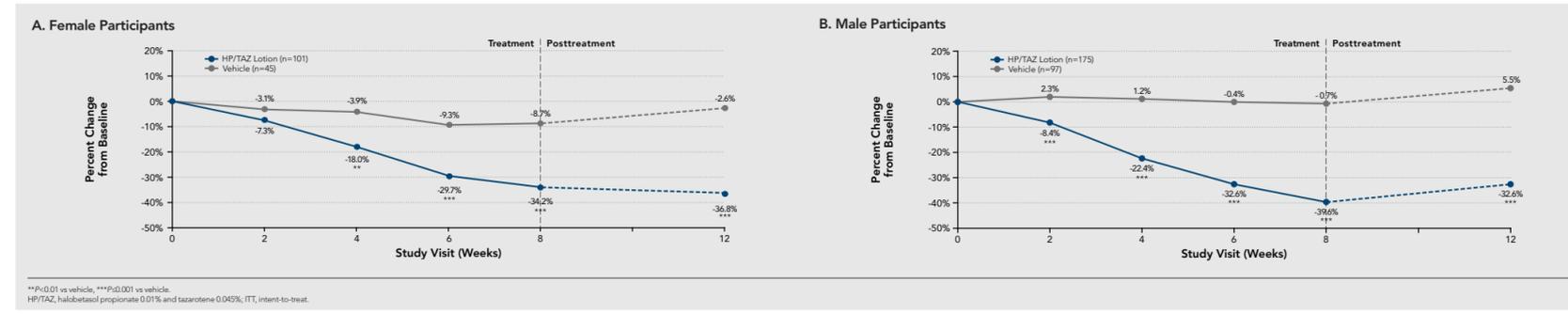


FIGURE 3. Mean Percent Reduction in Overall Affected Body Surface Area (BSA) by Study Visit in Female and Male Participants (ITT Population, Pooled)



## RESULTS

- The analysis population included 146 female participants (HP/TAZ lotion, n=101; vehicle, n=45) and 272 male participants (HP/TAZ lotion, n=175; vehicle, n=97)

### Efficacy

- At week 8, the percentage of female and male participants with treatment success was significantly greater in the HP/TAZ group than the vehicle group; significant differences were observed by week 2 and maintained posttreatment (Figure 1)
- Significantly more HP/TAZ-treated female and male participants achieved a ≥2-grade improvement in erythema, plaque elevation, and scaling at week 8 compared with the vehicle group (Figure 2)
- Females and males treated with HP/TAZ lotion had a significantly greater reduction from baseline in affected BSA at week 8 versus the vehicle group, with significant differences observed as early as week 4 for females and week 2 for males; significant differences were sustained posttreatment for both females and males (Figure 3)

### Safety

- The most frequently reported treatment-related TEAEs in the female HP/TAZ group were contact dermatitis, pruritis, and application site pain (all 4.0%); pruritis was the most common TEAE deemed related to vehicle treatment (7.0%)
- For males in the HP/TAZ group, the most frequently reported treatment-related TEAE was contact dermatitis (7.6%); in the vehicle group, no TEAEs deemed related to treatment occurred in >1 male

## CONCLUSIONS

- Halobetasol propionate 0.01% and tazarotene 0.045% lotion was associated with significant reductions in disease severity in female as well as male patients with moderate-to-severe psoriasis, with good tolerability and safety over 8 weeks of once-daily use

### REFERENCES

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### AUTHOR DISCLOSURES

Dr. Linda Stein Gold has served as investigator/consultant or speaker for Ortho Dermatologics, LEO, Dermavant, Incyte, Novartis, AbbVie, and Lilly. Dr. Boni Elewski has provided clinical research support (research funding to University) for Abbvie, Anaptys-Bio, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Incyte, Leo, Lilly, Merck, Menlo, Novartis, Pfizer, Regeneron, Sun, Ortho Dermatologics, Vanda and as a consultant (received honorarium) from Boehringer Ingelheim, Celgene, Leo, Lilly, Menlo, Novartis, Pfizer, Sun, Ortho Dermatologics, Verrica. Dr. Zoe Draelos received funding from Ortho Dermatologics to conduct the research presented in this poster. Dr. Tina Lin is an employee of Ortho Dermatologics and may hold stock and/or stock options in its parent company.