Comparison of a Novel Tazarotene 0.045% Lotion to Tazarotene 0.1% Cream: Patient-Reported Outcomes from a Phase 2 Clinical Trial

Zoe Draelos, MD¹; Fran Cook-Bolden, MD²; Lawrence Green, MD³; Eric Guenin, PharmD, PhD, MPH⁴; Gina Martin, MOT⁵; Radhakrishnan Pillai, PhD⁵

¹Dermatology Consulting Services, PLLC, High Point, NC; ²Dept. of Dermatology, Mount Sinai Hospital Center, New York, NY; ³Dept. of Dermatology, George Washington University School of Medicine, Washington, DC; ⁴Ortho Dermatologics*, Bridgewater, NJ; ⁵Bausch Health US, LLC*, Petaluma, CA *Bausch Health US, LLC is an affiliate of Bausch Health Companies Inc. Ortho Dermatologics is a division of Bausch Health US, LLC.

SYNOPSIS

- Current formulations of tazarotene (gel/foam/cream) can cause irritation, which may limit their use¹
- A novel tazarotene 0.045% lotion formulation was developed utilizing polymeric emulsion technology, resulting in a more uniform distribution of the active ingredient and of the moisturizing excipients at the skin's surface²
- In a 12-week phase 2 study (NCT02938494) in participants with moderate-to-severe acne, tazarotene 0.045% lotion was superior to vehicle for the coprimary endpoints (reduction in inflammatory and noninflammatory lesions and treatment success per Evaluator Global Severity Score grading)²
- In addition, tazarotene 0.045% lotion was as effective as Tazorac[®] (tazarotene 0.1% cream), but with fewer adverse events²

OBJECTIVE

To examine the participant-reported outcomes from this phase 2 study of tazarotene 0.045% lotion

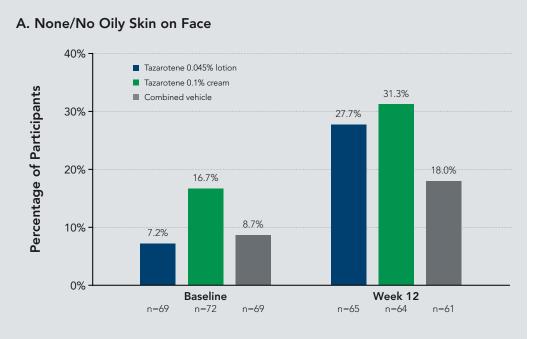
METHODS

- Participants aged 12 years and older were randomized (2:2:1:1) to receive double-blind treatment with tazarotene 0.045% lotion, tazarotene 0.1% cream, lotion vehicle, or cream vehicle
- In this study, CeraVe[®] hydrating cleanser and CeraVe[®] moisturizing lotion (L'Oreal, NY) were provided as needed for optimal moisturization/cleaning of the skin
- Participant-reported outcomes included: oily/shiny skin, Acne-Specific Quality of Life Questionnaire (Acne-QoL), and Subject Self-Assessment (SSA)
- Data were analyzed descriptively in participants with available data at Week 12; data for the cream and lotion vehicles were combined for this analysis

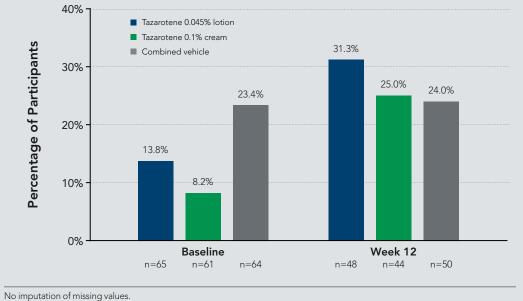
RESULTS

- The intent-to-treat population included 210 participants
- At week 12, the percentage of participants who reported "no oily or shiny skin on face" was similar between tazarotene 0.045% lotion and tazarotene 0.1% cream and greater than combined vehicle (Figure 1A)
- Among participants with any oily/shiny skin, the percentage who were "not bothered at all" was higher with lotion than with cream or vehicle (**Figure 1B**)
- Mean changes from baseline to week 12 in Acne-QoL domains generally indicated greater improvement with both tazarotene formulations (lotion and cream) than with vehicle in all 4 domains (Figure 2)
- Per SSA ratings, the percentage of participants who reported having 90-100% clear skin was similar between tazarotene lotion and cream and greater than vehicle (Figure 3)





B. "Not Bothered at All" by Oily Skin in the Past Week



ITT, intent-to-treat.

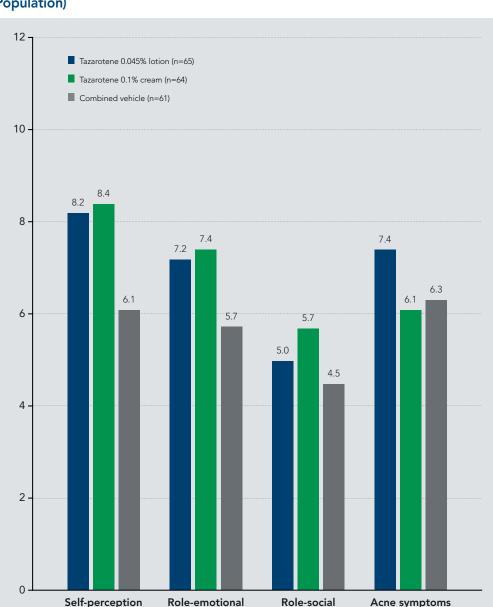


FIGURE 2. Absolute Mean Change from Baseline to Week 12 in Acne-QoL (ITT Population)

Higher scores for each domain reflect improved health-related QoL. No imputation of missing values.

Self-perception domain assesses the extent facial acne has affected a particular area of self-perception (eg, feeling self-conscious, feeling unattractive, dissatisfaction with self appearance).³

Role-emotional domain assesses the emotional effect or impact of facial acne (eg, annoyance at spending time on face, worry/ concern about medications working fast enough, bothersomeness of needing cover-up).³

Role-social domain assesses the impact of facial acne on a respondent's intersocial relationships (eg, going out in public, meeting new people, socializing).³

Acne symptoms assesses the physical symptoms experienced by facial acne (eg, bumps on face, scabbing, worry about scarring); the acne symptom domain score correlates inversely with acne severity.³

Acne-QoL, Acne-Specific Quality of Life Questionnaire; ITT, intent-to-treat

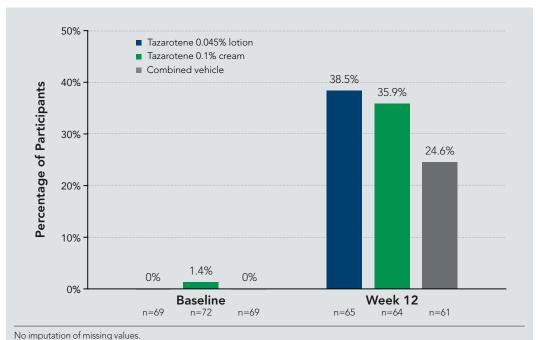


FIGURE 3. Percentage of Participants Reporting 90-100% Clear Skin on the SSA (ITT Population)

ITT, intent-to-treat; SSA, Subject Self-Assessmer

CONCLUSIONS

- Consistent with the clinician-assessed primary endpoints, participant-reported skin oiliness, QoL, and acne severity were improved with tazarotene 0.045% lotion versus vehicle
- Taken together with the improved tolerability and similar efficacy of tazarotene 0.045% lotion versus tazarotene 0.1% cream,² this novel lotion formulation may be a viable new treatment option that is as effective as cream with fewer adverse events

REFERENCES

1. Zaenglein AL, et al. J Am Acad Dermatol. 2016;74(5):945-973.

- 2. Tanghetti EA, et al. J Drugs Dermatol. 2019;18(6):542-548.
- Acne-specific Quality of Life Questionnaire (Acne-QoL) Manual & Interpretation Guide. January 2003. http:// www.anzctr.org.au/Steps11and12/376709-(Uploaded-11-01-2019-20-05-40)-Study-related%20document.pdf

AUTHOR DISCLOSURES

Dr. Zoe Draelos received funding from Ortho Dermatologics to conduct the research presented in this poster. Dr. Fran Cook-Bolden has served as consultant, speaker, and/or investigator for Galderma, LEO Pharma, Almirall, Cassiopea, Ortho Dermatologics, Investigators Encore, Foamix, Hovione, Aclaris, and Cutanea. Dr. Lawrence Green has served as speaker, consultant, or investigator Arcutis, Abbvie, Amgen, Celgene, Dermavant, Jannsen, Lilly, MC2, Novartis, Ortho Dermatologics, Sienna, SunPharma, and UCB Dr. Eric Guenin is an employee of Ortho Dermatologics and may hold stock and/or stock options in its parent company. Ms. Gina Martin and Dr. Radhakrishnan Pillai are employees of Bausch Health US, LLC and may hold stock and/or stock options in its parent company.