

Annual Refresher Course for
Family Physicians
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New drugs for the treatment of Psoriasis and Eczema

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- Associate professor
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- MUHC

Disclosure

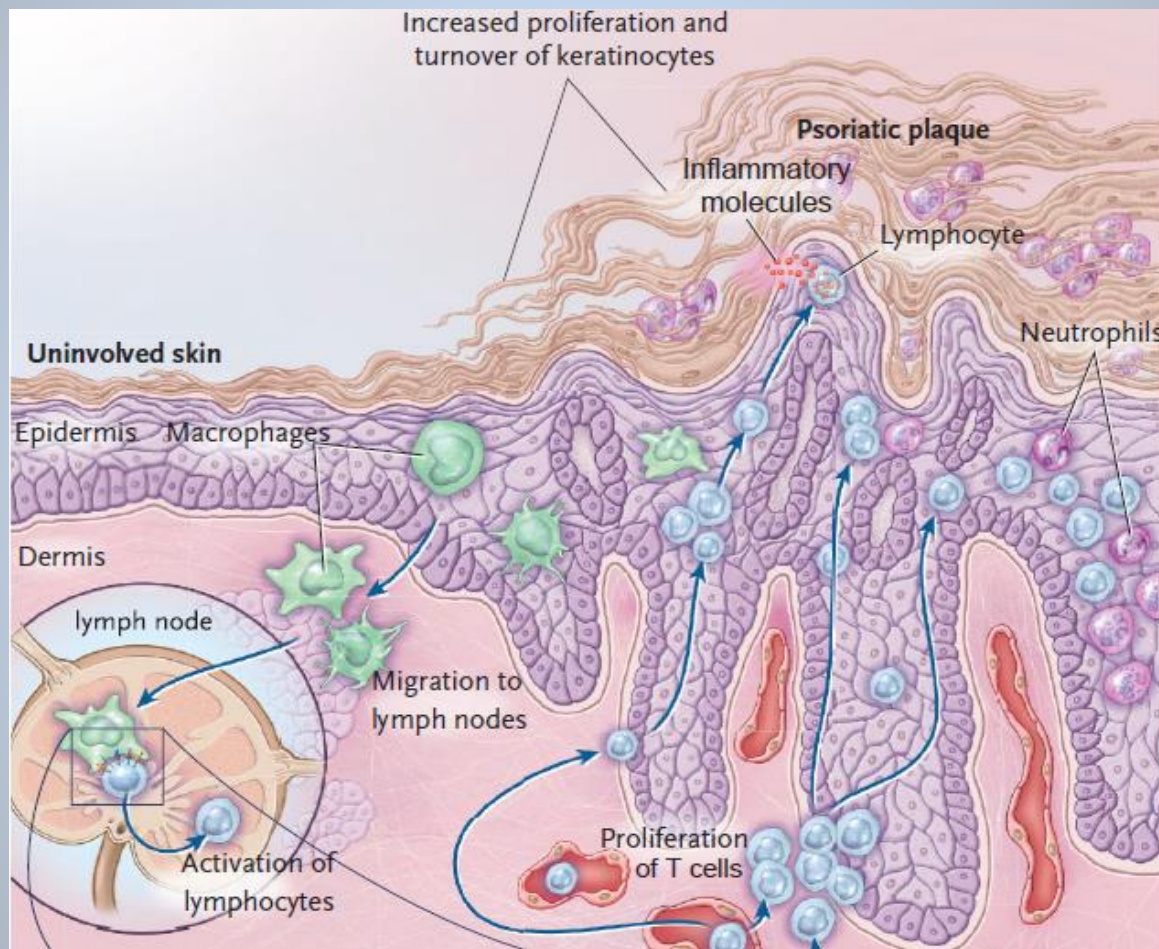
- I have been involved in clinical trials and participated in Advisory Boards for many of the drugs presented in this talk

Learning objectives

- As a result of attending this session, participants will be able to :
- Learn how to use new drugs for the treatment of psoriasis and eczema
- Obtain new insights in the pathophysiology of these diseases

Psoriasis

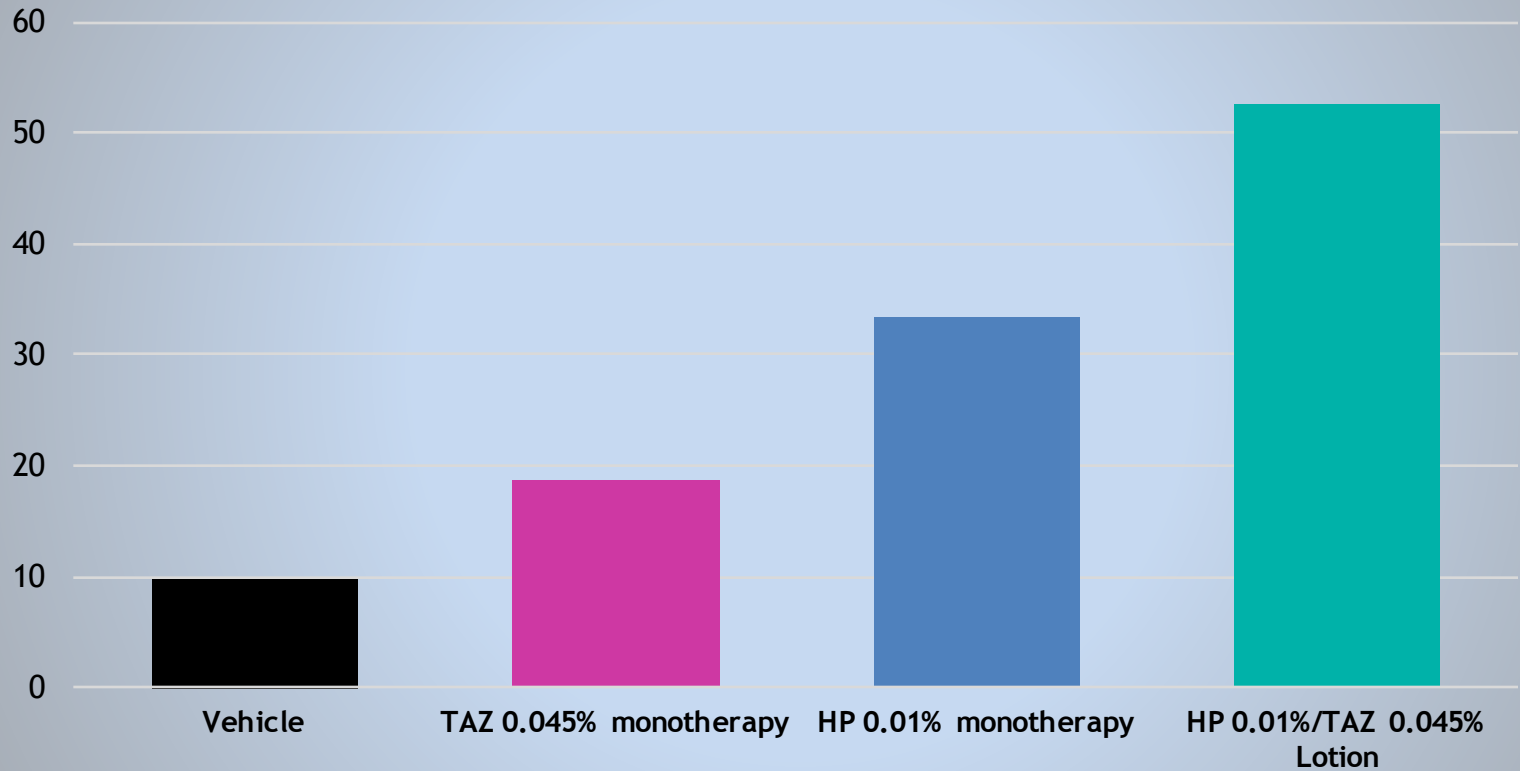




New Lotion

- Halobetasol 0.01 + Tazarotene 0.045
- **Vehicle has physical properties using polymer technology**
 - Improve skin barrier function and skin moisture^{3,4}
 - May improve patient satisfaction and promote adherence
- Halobetasol propionate 0.05
- Superpotent topical steroid recently recalled
- Tazarotene cream 0.05 to 0.1
- Retinoid used to treat acne and wrinkles
- Also has effect on cell differentiation

Halobetasol Tazarotene



New formulation

- Calcipotriol-Betamethasone foam
- Highly effective
- Patient acceptability
- Can be used on the scalp

Pills for psoriasis

- Apremelast is an oral PDE4 Inhibitor
- Mediates inflammation in PSO and PSA
- Decreases TNF-alpha, IL-23 and NOS
- 30 mg BID will give a 60% decrease in psoriasis plaques at week 24
- Well tolerated
- Mild diarrhea in first week
- Does not require blood monitoring

Tyrosine Kinase 2 inhibition

- BMS-986165
- 3 mg pill daily
- Phase 3 trials
- 75-90 % reduction in Psoriasis
- Week 12

Injections

- Guselkumab
- Blocks IL-23
- SubQ injection every 2 months
- 82% clear at 1 and 5 years
- Safe and well tolerated

Injections

- Brodalumab
- Blocks the IL-17 receptor
- Wk 12 results 60% patients clear
- Transient neutropenia and candidiasis
- 210 mg SubQ every 2 weeks
- Do not use in Crohn's disease

Eczema

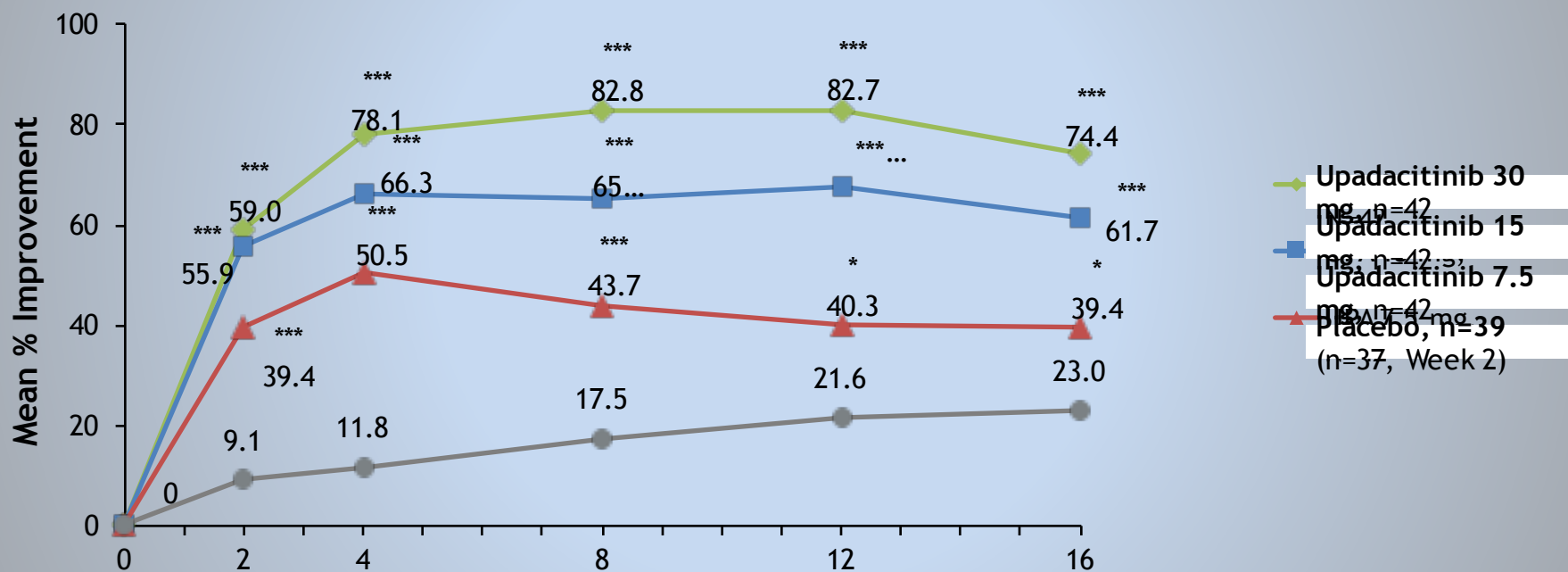
- Crisarobole 2% ung
- Steroid free
- Eczema in adults and children
- Mild to moderate
- Topical PDE4 inhibitor
- 30% clear or almost clear at 3 months
- Useful on hands and in children

Upadacitinib

- UPA or ABT454
- JAK 1 selective inhibitor
- Used in resistant Rheumatoid Arthritis
- Under investigation for the treatment of severe atopic dermatitis
- Blocks inflammation in skin and joints
- Patients should be closely monitored for infection and thrombosis

Primary endpoint: all UPA doses showed significantly higher mean percentage improvement from baseline at Week 16 in EASI versus placebo

Mean percent improvement in EASI from baseline to Week 16



ITT study population; last observation carried forward; *p<0.05, ***p<0.001 compared to PBO EASI, Eczema Activity and Severity Index; ITT, intention to treat; PBO, placebo; UPA, upadacitinib

Eczema injections

- Dupilumab
- Monoclonal antibody inhibits IL/4
- 300mg Every other week
- 50 to 70 % decrease in the eczema score
- 40% decrease in pruritus
- Decrease in cytokines and chemokines as well as IGE

Tralokinumab

- Similar to Dupilumab
- Human monoclonal antibody
- Different producer
- Targets IL/13
- 300 mg Every other week
- Can be used with topical steroids
- Results to week 52

Lebrikizumab

- High affinity IL/13 inhibitor
- Moderate to severe atopic dermatitis
- Also in trials for asthma
- Presently being tested in our clinical trial unit