Patient Satisfaction with Tapinarof Cream 1% Daily for Plaque Psoriasis in a Long-Term Extension Trial

Jerry Bagel,1 Linda Stein Gold,3 James Del Rosso,3 Neal Bhatia,1 Sandy Johnson,6 Paul Yamauchi,9 Angela Y. Moore,7 Anna M. Tallman3

1Psoriasis Treatment Center of Central New Jersey, East Windsor, NJ, USA; 2Henry Ford Health System, Detroit, MI, USA; 3JDR Dermatology Research/Thomas Dermatology, Las Vegas, NV, USA and Advanced Dermatology & Cutaneous Surgery, Marietta, FL, USA; 4The Therapeutics Clinical Research, San Diego, CA, USA; 5Johnson Dermatology, Fort Smith, AR, USA; 6Dermatology Institute & Skin Care Center, Santa Monica, CA, USA; 7Arbor Research Consulting Group, Ann Arbor, MI, USA; 8Dermavant Sciences, Inc., Morristown, NJ, USA.

BACKGROUND

- Patient dissatisfaction with current therapies is an important barrier to optimal care of psoriasis (52% of psoriasis patients have reported dissatisfaction with their treatment) and there is a need for efficacious, tolerable, easy-to-use topical therapies that can be used long term, including on sensitive skin areas.
- Tapinarof 1% is a skin cream demonstrated in several clinical trials. The vehicle is specifically designed to reduce skin irritation and optimize the absorption of tapinarof while providing good tolerability, resulting in an easy-to-apply cream.
- Tapinarof 1% QD demonstrated significant efficacy and was well tolerated in two 12-week pivotal phase 3 trials of 1,025 adults with mild-to-severe plaque psoriasis. The median duration of remittive effect off therapy for patients who entered the study with a PGA of 0 was 119 days, and the mean total duration of remittive effect off therapy for patients who entered with a PGA of 0 was 130 days.
- Durability of response of up to 52 weeks was demonstrated with intermittent use of tapinarof cream 1% QD, including no observation of tachyphylaxis (defined as loss of response) while on therapy.
- Tapinarof cream 1% QD has been evaluated for long-term use and had a safety profile consistent with previous studies.

OBJECTIVE

To assess patient satisfaction with tapinarof efficacy, formulation, ease of application, and long-term use, and to evaluate the preference for tapinarof cream versus prior topical psoriasis therapies.

METHODS

- Study Design: Patients completing PSOARING 1 and PSOARING 2 were eligible to enroll in PSOARING 3 for up to 40 weeks of open-label treatment with tapinarof cream 1% QD, followed by 4 weeks of follow-up.
- Randomization: The study was randomized to an active treatment group (tapinarof cream 1% once daily [QD]) or a placebo control group (vehicle QD).
- Treatment: Patients in the active treatment group received tapinarof cream 1% QD once daily for up to 40 weeks.
- Follow-up: Patients continued on active treatment for 4 additional weeks after the conclusion of the 40-week treatment period.
- Safety: Weekly, before and after the start of each treatment period, safety assessments were conducted to monitor any adverse events or drug-related effects.

RESULTS

- Patient Satisfaction Questionnaire: 91.6% of eligible patients (n=763) completing PSOARING 1 and 2 elected to enroll in PSOARING 3.
- Patient Satisfaction Questionnaires were completed by 78.5% (599/763) of patients in PSOARING 3.
- Patients consistently reported high satisfaction rates across all parameters, including patients’ satisfaction with tapinarof efficacy, formulation elegance, ease of application, impact on daily life, and preference for tapinarof cream versus prior psoriasis therapies.

Confidence and Satisfaction with the Efficacy of Tapinarof Cream

- Most patients either strongly agreed or agreed with all questions on confidence and satisfaction with the efficacy of tapinarof cream (Figure 3).
- 85.8% felt they could easily manage their psoriasis with tapinarof, and 83.6% were satisfied with how well tapinarof worked.
- In addition to the 40.9% of patients who achieved complete disease clearance, the observed remittive effect of 4 months, 62.9% of patients either strongly agreed or agreed that tapinarof cleared their skin and kept psoriasis from coming back.
- 64.1% had confidence in tapinarof, and 84.0% would recommend tapinarof to other patients.
- 82.5% of patients would use tapinarof again or continue on tapinarof if it was available.

Ease of Application and Cosmetic Elegance of Tapinarof Cream

- Patients were consistently satisfied with the time spent applying tapinarof, and 96.3% considered it easy to apply.
- In addition, most patients either strongly agreed or agreed that tapinarof was quickly absorbed (89.5%), felt good on their skin (79.9%), and was not greasy (89.0%).

Preference for Tapinarof Cream Versus Prior Topical Psoriasis Therapies

- For patients who reported having used other topical drugs to treat psoriasis in the past, 81.7% considered tapinarof to be more effective than prior therapies, and 65.3% considered tapinarof easier to use.
- 81.1% of patients preferred tapinarof to other topical drugs used to treat their psoriasis in the past.

REFERENCES


ACKNOWLEDGMENTS

Trials were funded by Dermavant Sciences, Inc. and the authors thank the investigators, patients, and their families, and colleagues involved in their conduct. J.B. has received research funds payable to Psoriasis Treatment Center and/or speaking/consultant fees from AbbVie, Amgen, Arcutis Biotherapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Corrona LLC, Dermavant Sciences, Ltd, Dermina/UCB, Eli Lilly, Glenmark Pharmaceuticals Ltd, Janssen Biotech, Kadmon Corporation, LEO Pharma, Lycera Corp, Menlo Therapeutics, Novartis, Pfizer, Regeneron, Sun Pharma, Taro Pharmaceutical Industries Ltd, UCB, and Valeant Pharmaceuticals. L.S.G. has served as a consultant, and/or has received payment for the development of educational presentations, and/or has received grants from Arcutis, Amgen, Bristol Myers Squibb, Dermavant Sciences, Inc., Eli Lilly, LEO Pharma, Ortho Dermatologic, and UCB Biopharma. J.D.R. is a consultant and research investigator for Dermavant Sciences, Inc. N.B. is a consultant with honorarium and an investigator for Dermavant Sciences, Inc. S.J is an advisor and/or speaker and/or editor and/or involved in clinical trials for AbbVie, Aclaris, AFMC, Allergan, Candela Syneron, Cassipio, Celgene, Amgen, ChemoCentryx, Dermavant Sciences, Inc., Dermina, Foaminx, Gage, Galderma, GSK, Journal of Arkansas Medical Society, LEO, Eli Lilly, National Psoriasis Foundation, Nielsen, Novartis, Practical Dermatology, Regeneron, Sanofi Genzyme, Skin Medical, TARGET Therapeutics, and the University of Pennsylvania. P.Y. has served as an investigator and/or speaker and/or consultant for AbbVie, Amgen, Arcutis, BMS, Dermavant, EPI Health, Incyte, Janssen, Lilly, Leo, Novartis, Pfizer, Sun Pharma, and UCB. A.Y.M. has served as an investigator for Dermavant Sciences, Inc. A.M.T. is an employee of Dermavant Sciences Inc., with stock options. Editorial and medical writing support under the guidance of the authors was provided by Arcotem, UK, and was funded by Dermavant Sciences, Inc. in accordance with Good Publication Practice (GPP3) guidelines (Ann Intern Med 2015;163:461–464). Contact Dr Bagel at drmarek1@aol.com with questions or comments.