Tazarotene 0.045% Lotion for Truncal Acne: Efficacy, Safety, and Spreadability

Leon H Kirkc, MD,1,2; Zoe D Draelos, MD,3; Eric Guenin, PharmD, PhD, MPH4
1SUNY School of Medicine at Mount Sinai, New York, NY; 2Indiana University Medical Center, Indianapolis, IN; 3Physicians Skin Care, PLLC, DermResearch, PLLC, and Skin Sciences, PLLC, Louisville, KY; 4Dermatology Consulting Services, PLLC, High Point, NC; 5Ortho Dermatologics, Bridgewater, NJ
*Ortho Dermatologics is a division of Bausch Health US, LLC

SYNOPSIS

- Truncal acne (occurring on the chest and back) is common among patients with facial acne,1,2 though its pathophysiology may be somewhat different.3
- As there are no specific guidelines for the treatment of truncal acne, facial acne treatment guidelines are often the basis for its management.4
- Successful treatment of truncal acne is complicated by the involvement of a large body surface area that is typically covered in clothing5
- Topical vehicles that provide ease of spreadability, rapid cutaneous penetration/efficacious drug delivery, and lack of residue are highly desirable for truncal acne treatment.6

OBJECTIVES

Study 1: to summarize the efficacy, safety, and tolerability of tazarotene 0.045% lotion in the treatment of truncal acne

STUDY 1: EFFICACY, SAFETY, AND TOLERABILITY IN TRUNCAL ACNE

OBJECTIVES

Study 1: to summarize the efficacy, safety, and tolerability of tazarotene 0.045% lotion in the treatment of truncal acne

STUDY 2: SPREADABILITY

OBJECTIVES

- Double-blind split-body study of 30 healthy adults (18–59 years)
- Each product (0.1 mL) was applied to a 10 cm wide area on one side of participants’ backs and moved down the back until it would no longer spread; area of spread was then determined

CONCLUSIONS

- Tazarotene 0.045% lotion utilizes polymeric emulsion technology to enhance hydration, moisturization, and skin barrier function
- Tazarotene 0.045% lotion led to significant reductions in truncal acne severity and lesion counts; ~90% of participants achieved clear or almost clear skin with 12 weeks of once-daily use and most participants had no tolerability issues
- This easy-to-apply tazarotene lotion has sensory and aesthetic properties preferred by patients, and resulted in ~30% greater skin coverage compared with trifarotene cream
- Less product needed to cover the same skin area equals more applications per unit volume

REFERENCES

1. Del Rosso JG, Cunliffe WJ, 2006;72(8):265–289

AUTHOR DISCLOSURES

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