

# 2022 Pipeline: New approvals on the horizon

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## ■ New topicals and an oral Tx will offer options for patients with psoriasis

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Correspondent, The Chronicle

**J**anus kinase (JAK) inhibitors that offer clinical benefit in treating a variety of skin conditions, new topical therapies for psoriasis and acne, and new offerings in aesthetic medicine are all developments in 2022 that Canadian dermatologists are welcoming.

### JAK inhibitors for various conditions

The JAK inhibitor upadacitinib is a new addition to the Canadian atopic dermatitis (AD) armamentarium.

“I have just started my first patient on upadacitinib,” said Dr. Kyle Cullingham, a dermatologist and Medical Director of Saskatoon Dermatology Centre in Saskatoon, who welcomes the therapy because of its form of delivery. “Patients tend to prefer oral therapies to injections most of the time.”

Halifax dermatologist Dr. Kerri Purdy agreed upadacitinib offers another effective treatment choice for

patients with AD. “It is an option for patients with AD who don’t do well with dupilumab for whatever reason,” said Dr. Purdy, Division Head and Assistant Professor in the Division of Clinical Dermatology & Cutaneous Science, Department of Medicine, Dalhousie University.

Deucravacitinib, a tyrosine kinase (TYK)-2 inhibitor that is sometimes described as a selective JAK inhibitor, is likely to represent another management option for psoriasis. “Having an oral JAK inhibitor [for psoriasis] is going to be an exciting option,” said Dr. Purdy.

The data for this TYK-2 inhibitor are impressive, said dermatologist



Dr. Kyle Cullingham



Dr. Kerri Purdy



Dr. Ben Barankin



Dr. Jaggi Rao



Dr. Catherine Zip

Dr. Ben Barankin, Medical Director and founder of the Toronto Dermatology Centre in Toronto.

The versatility of JAK inhibitors is impressive, and some are being explored for conditions such as alopecia areata and vitiligo, noted Dr. Purdy.

Dr. Jaggi Rao, a dermatologist in Edmonton and Clinical Professor of Medicine at the University of Alberta, agreed that JAK inhibitors will be valuable additions to the dermatology toolbox.

“JAK inhibitors target a very important and specific pathway in the molecular development and sustainment of atopic dermatitis and other diseases,” said Dr. Rao. “As such, their efficacy and safety are remarkable.”

Dr. Barankin pointed out topical

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## 2022: *New non-invasive techniques for lesion removal*

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therapies like tapinarof, an aryl hydrocarbon receptor modulating molecule, are appealing as a psoriasis therapy because it is a non-steroidal treatment.

“It’s a topical, it is for all severities of psoriasis, and it is not a steroid,” said Dr. Barankin. “It’s something that you are potentially going to be recommending to keep things simple for patients. Because it is not a steroid, patients do not have to worry about things like thinning of the skin.”

Patients often have to be cautious about applying topical steroids to areas such as the face, groin, and armpits, explained Dr. Barankin.

Still another topical agent for psoriasis is roflumilast cream, a PDE4 inhibitor that offers several advantages, according to Dr. Barankin. “As a cream, it is more elegant to use,” he said. “We have had [calcipotriol/betamethasone] as the gold standard for years which some find a bit greasy regardless of formulation. [Roflumilast] will likely be more elegant to use, and more elegance means greater compliance, which leads to better outcomes. The lack of elegance of some of our topicals for psoriasis has been an issue. Elegance matters to patients. Gels and foams can still be greasy.”

Another new topical therapy is tazarotene lotion 0.045% for the treatment of acne. “It is a topical retinoid,” said Dr. Purdy. “It’s a more tolerable

therapy [compared to other retinoids].”

Dr. Catherine Zip, Clinical Associate Professor, Division of Dermatology, University of Calgary, agreed that this particular preparation of tazarotene causes less cutaneous irritation to patients compared to other retinoids. “This new formulation was developed using polymeric emulsion technology to improve tolerability,” she said.

Two 12-week, phase III clinical trials demonstrated that individuals who received tazarotene 0.045% lotion had higher rates of treatment success than individuals who received vehicle, and the therapy was also well-tolerated (*Ann Pharmacother* 2022 Feb 3; 10600280211072155).

### Other new dermatology agents on the horizon

Omalizumab, a recombinant, humanized, monoclonal antibody against human immunoglobulin E, has been of benefit for managing urticaria, and some dermatologists are eager to see other management options come to market, such as ligelizumab.

“It would be great to have another option for urticaria,” said Dr. Purdy, noting she is early awaiting the arrival of ligelizumab. “Some of our patients maximize the use of [omalizumab], and they still have issues with their condition.”

A meta-analysis suggested that the biologic agents ligelizumab (72 or 240 mg), and omalizumab [300 or 600 mg], can be recommended as effective treatments for patients with chronic

spontaneous urticaria who have an inadequate response to treatment with H1 antihistamines [*JAMA Dermatol* 2021 Nov 1; 157(11):1316-1327].

### Cosmetic dermatology advances in 2022

Dr. Cullingham noted that a new device in cosmetic medicine is Cell FX, a technology that treats skin spots and benign lesions.

“It uses nano-pulse stimulation to destroy benign lesions, including warts and sebaceous hyperplasia, as well as dermatofibromas,” he said. “It’s a novel treatment for some of these benign presentations that we do not have a lot of treatments for.”

Dr. Rao echoed interest in using Cell FX, highlighting that it offers a non-invasive approach to removing benign lesions. “It is nano-pulse technology for the non-surgical treatment of benign cutaneous tumors,” he said.

Another exciting development in aesthetic medicine is the availability of topical, injectable, and oral tranexamic acid to treat hyperpigmentation of the skin, added Dr. Rao.

### Non-proprietary and brand names of therapies:

*upadacitinib (Rinvoq, AbbVie); deucravacitinib (not approved in Canada); tapinarof (not approved in Canada); roflumilast cream (not approved in Canada); calcipotriol/betamethasone (Dovobet, LEO); tazarotene lotion 0.045% (Arazlo, Bausch Health); omalizumab (Xolair, Novartis); ligelizumab (not approved in Canada).*



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