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One-Page Clinical Summary - Atopic Dermatitis
OPZELURA® (ruxolitinib) cream 1.5%

OPZELURA is approved for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (AD) in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. OPZELURA is also approved for the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.[1] Use of OPZELURA in combination with therapeutic biologics, other JAK inhibitors or potent immunosuppressants, such as azathioprine or cyclosporine, is not recommended.

The efficacy and safety of OPZELURA for mild to moderate AD was evaluated in two Phase III, double-blind, randomized vehicle-controlled studies.[1,2] Patients 12 years of age and older (TRuE-AD1 [N = 631]; TRuE-AD2 [N = 618]) were randomly assigned to twice-daily application of OPZELURA, ruxolitinib cream 0.75% or vehicle for 8 weeks. Eligible patients could continue treatment in a 44-week extension period where OPZELURA or ruxolitinib cream 0.75% were applied as needed, stopping 3 days after lesion clearance, and restarting with lesion recurrence. Patients had an Investigators' Global Assessment (IGA) score of 2 (mild; 25%) or 3 (moderate; 75%) and affected body surface area (BSA) 3-20%; the mean affected BSA at baseline was 9.8%. No rescue treatment was permitted.

EFFICACY

- A significantly greater proportion of patients who applied OPZELURA vs. vehicle achieved IGA Treatment Success (IGA-TS; primary endpoint; 53.8% and 51.3% vs 15.1% and 7.6%; P <0.0001), defined as IGA 0 or 1 with at least a 2-point improvement from baseline. [1,2]
- A significantly greater proportion of patients who applied OPZELURA vs. vehicle achieved clinically meaningful itch relief, defined as ≥4-point reduction in itch assessed on a 0-10 scale (Itch NRS4; key secondary endpoint; 52.2% and 50.7% vs. 15.4% and 16.3%; P<0.0001), with improvement seen as early as Day 2.[1,2]
- After the 44-week extension where patients transitioned to as needed therapy, >70% of patients who had applied OPZELURA achieved clear or almost clear skin at Week 52, and mean affected body surface area was low (1.4%-1.8%).[3]

ADDITIONAL STUDIES AND ANALYSES

- An open-label study (N = 46) that evaluated the short-term effect of twice-daily OPZELURA on pruritus saw a mean (SE) –3.4 (0.28) reduction in itch from baseline at Day 2 as measured by the peak pruritus numerical rating scale (PP-NRS; primary endpoint). Itch reduction (mean [SE]) was observed as early as 15 minutes (-2.3 [0.35]) and was measured by modified PP-NRS.[4]
- An indirect number needed to treat (NNT) analysis calculated using IGA-TS response rates at 4 weeks for the two pivotal phase 3 studies per treatment revealed a lower NNT in atopic dermatitis for Opzelura (3 and 2) compared to other topical therapies, including crisaborole (7 and 14) and roflumilast (6 [pooled]).[5,6] NNT analysis provide exploratory estimates of comparative effectiveness; such comparisons have inherent limitations.
- A retrospective observational cohort study using 12-month US claims data (N=556) showed an average of 2.07 OPZELURA tubes filled per patient, 91.4% (394) of patients remained biologic-free, and 26.4% (33) did not need continuation of their biologic therapy from baseline.[6,7]

SAFETY

- The Prescribing Information for OPZELURA includes boxed warnings for the risks of Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events (MACE), and Thrombosis.[1] Additional Warnings and Precautions also included in the Prescribing Information include Thrombocytopenia, Anemia and Neutropenia and for Lipid Elevations.
- The most common adverse reactions (AR) occurring in ≥1% patients treated with OPZELURA were nasopharyngitis, diarrhea, bronchitis, ear infection, eosinophil count increase, urticaria, folliculitis, tonsillitis, and rhinorrhea.
- A post-marketing safety analysis encompassing 14,000 patient-years of OPZELURA during the first year of market approval found that 585 (99.3%) of events were non-serious, and there were no adverse events associated with the class warnings for JAK inhibitors (2 cases of non-melanoma skin cancer possessed insufficient information for assessment of relatedness).[8]

SUMMARY

Incyte respectfully requests that OPZEULRA's atopic dermatitis prior authorization criteria be updated to a 30-day trial of a topical corticosteroid or a topical calcineurin inhibitor prior to OPZELURA therapy for patients covered by West Virginia Medicaid. Upon request, I am happy to provide the Committee with any additional information or specific medical information you may need. Please see the accompanying Prescribing Information and Medication Guide for more information. Should you need additional information, please contact Incyte Medical Information at 1-855-463-3463.

References: 1. OPZELURA [Prescribing Information] Wilmington, DE: Incyte. 2. Papp K, et al. *J Am Acad Dermatol*. 2021. 3. Papp K, et al. *J Am Acad Dermatol*. 2023;88(5):1008-1016. 4. Bissonnette R, et al. Presented at: Revolutionizing Atopic Dermatitis; April 29 – May 1, 2023. 5. Loftland J, et al. Presented at: Academy of Managed Care Pharmacy 2023; March 21-23, 2023. 6. Data on File, Incyte Corporation 7. Liu J, et al. Presented at AAD 2024. Poster 53102. 8. Hu W, et al. Am J Dermatol. 2024; doi.org/10.1007/s40257-023-00840-1.

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One-Page Clinical Summary - Nonsegmental Vitiligo
OPZELURA® (ruxolitinib) cream 1.5%

OPZELURA is approved for the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.[1] OPZELURA is also approved for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (AD) in nonimmunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Use of OPZELURA in combination with therapeutic biologics, other JAK inhibitors or potent immunosuppressants such as azathioprine or cyclosporine is not recommended. The following are a few key points about vitiligo:

- Vitiligo is a chronic, autoimmune condition in which destruction of melanocytes results in depigmented patches of skin.[2] Nonsegmental vitiligo is the most common form of vitiligo, and slowly progresses on both sides of the body with an unpredictable course.
- Patients with vitiligo report substantial disease impact on their emotional well-being, daily lives and psychosocial health.[3]
- The goal of therapy in vitiligo is to repigment skin, restoring normal conditions. The ability for skin to repigment is influenced by density of hair follicles.[4]

The efficacy and safety of OPZELURA for nonsegmental vitiligo was evaluated in two Phase III, double-blind, randomized, vehicle-controlled studies (TRuE-V1, [N = 330]; TRuE-V2 [N = 344]).[1] Eligible patients 12 years and older had depigmented areas affecting ≥0.5% facial body surface area (F-BSA) and ≤10% total BSA (facial plus non-facial). Patients had a mean affected F-BSA of 1%, a mean affected total BSA of 7.4%, and a mean time since diagnosis of 14.8 years. Patients who had complete leukotrichia within any facial lesion were excluded.

Enrolled patients were randomly assigned to continuous, twice daily application of OPZELURA or vehicle for 24 weeks, followed by a 28-week open-label extension where all patients applied OPZELURA.[1,5] Vitiligo areas were assessed with the Vitiligo Area Scoring Index (VASI), a composite measurement of the overall area of vitiligo patches and degree of depigmentation within patches.[6] Facial VASI (F-VASI) and total body VASI (T-VASI) were used to measure vitiligo areas on the face and entire body (including face), respectively.[7]

EFFICACY

Primary and select secondary endpoints for OPZELURA at 24 and 52 weeks were as follows:

- Approximately 30% of patients who applied OPZELURA achieved the primary endpoint of 75% improvement in F-VASI (F-VASI75) at Week 24 (29.9% vs 7.5%; P<0.0001 and 29.9% vs 12.9%; P<0.01).[1,7] At Week 52, F-VASI75 was achieved by approximately 50% of remaining patients who had applied OPZELURA from Day 1 [pooled analysis; as-observed data].[5]
- At Week 24, a significantly greater proportion of patients who applied OPZELURA achieved 90% improvement in F-VASI (F-VASI90) compared to vehicle (15.5% vs 2.2%; P<0.01 and 15.4% vs 1.9%; P<0.05).[1,5,7] F-VASI90 was achieved by approximately 30% of remaining patients at Week 52 who had received OPZELURA from Day 1 [pooled analysis; as-observed data].[8]
- In TRuE-V1 and TRuE-V2 respectively, a 50% improvement in T-VASI (T-VASI50) at Week 24 was achieved by approximately 20.6% and 23.9% of patients who applied OPZELURA vs 5.1% and 6.8% of patients who applied vehicle.[5] At Week 52, approximately 20% of remaining patients who applied OPZELURA from Day 1 achieved a 75% improvement in T-VASI (T-VASI75; pooled analysis; as-observed data).[8]
- Remaining patients who did not yet achieve F-VASI90 by Week 52 could continue treatment for an additional 52 weeks (n = 342; Cohort B), while patients who had reached F-VASI90 were re-randomized to OPZELURA or vehicle for 52 weeks in a separate cohort (n = 116; Cohort A).[9,10] At Week 104, 33.9% of patients in Cohort B achieved F-VASI90. In Cohort A, the median time to maintain F-VASI90 upon treatment withdrawal was approximately 6.5 months.

SAFETY

The Prescribing Information for OPZELURA includes boxed warnings for the risks of Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events (MACE), and Thrombosis.[1] Additional Warnings and Precautions are also included in the Prescribing Information for the risks of Thrombocytopenia, Anemia and Neutropenia and for Lipid Elevations. The most common adverse reactions (AR) occurring in ≥1% patients treated with OPZELURA were application site acne, application site pruritus, nasopharyngitis, headache, urinary tract infection, application site erythema, and pyrexia.

USAGE

OPZELURA is a topical cream applied as a thin layer to affected areas of the skin on up to 10% of body surface area (no more than 60 mg per week).[1] Satisfactory patient response may require treatment with OPZELURA for more than 24 weeks. Not for ophthalmic, oral, or intravaginal use.

SUMMARY

Incyte respectfully requests that the committee evaluate vitiligo as an autoimmune condition and OPZELURA be made available to patients in West Virginia. Upon request, I am happy to provide the Committee with any supportive scientific information you may need. Please see the accompanying Prescribing Information and Medication Guide for more information. Should you need additional information, please contact Incyte Medical Information at 1-855-463-3463.

References: 1. OPZELURA [Prescribing Information] Wilmington, DE: Incyte. 2. Picardo M, et al. *Nat Rev Dis Primers*. 2015;1:15011. 3. Bibeau, et al. *JAMA Dermatol.2023;* online ahead of print. 4. Birlea S, et al. *Dermatol Clin.* 2017. 5. Rosmarin D, et al. *N Engl J Med*. 2022;387(16)1445-1455. 6. Rosmarin D, et al. *Lancet*. 2020 (suppl). 7. Rosmarin D, et al. Presented at the 30th European Academy of Dermatology and Venereology (EADV) Congress; September 29–October 2, 2021; Virtual 8. Rosmarin D, et al. *N Engl J Med.* 2022 (suppl). 9 . Harris J, et al. Presented at the American Academy of Dermatology Annual Meeting. March 17-21, 2023. 10. Rosmarin D, et al. Presented at the American Academy of