

# ARQ-151, Roflumilast Cream, Improved Psoriasis in Phase 2a Study

Kim A. Papp<sup>1</sup>, Melinda Gooderham<sup>1,2</sup>, Michael Droege<sup>3</sup>, Charlotte Merritt<sup>3</sup>, David W. Osborne<sup>3</sup>, David Berk<sup>3</sup>, Archie Thurston, Jr.<sup>3</sup>, Valerie H. Smith<sup>4</sup>, Howard Welgus<sup>3</sup>

<sup>1</sup>Probity Medical Research and K. Papp Clinical Research, Waterloo, ON, Canada; <sup>2</sup>SKiN Centre for Dermatology, Probity Medical Research and Queen's University, Peterborough, ON, Canada; <sup>3</sup>Arcutis Biotherapeutics, Inc., Westlake Village, CA, USA; <sup>4</sup>Premier Research, Research Triangle Park, NC, USA

**Disclosure:** This work was supported by Arcutis Biotherapeutics, Inc.

KAP has been an advisor to and/or received speakers' honoraria and/or received grants from and/or participated in clinical trials of the following companies: AbbVie, Affibody AB, Akros, Amgen, Anaptys Bio, Arcutis, Astellas, Bausch Health, Baxalta, Biogen Idec, Boehringer-Ingelheim, Bristol-Myers Squibb, CanFite, Celgene, Centocor, Coherus, Dermira, Dow Pharmaceuticals, Eli Lilly and Company, Galderma, Genentech, GSK, Isotechnika, Janssen-Cilag, Johnson & Johnson, Kyowa Hakko Kirin, Leo Pharma, Merck Sharp & Dohme, Merck Serono, Mylan, Novartis, Pfizer, Regeneron Pharmaceutical, Sanofi-Aventis, Roche, Sun Pharma, Takeda, UCB Pharma, and Valeant. MG is an investigator for Arcutis Biotherapeutics Inc. MD, CM, DWO, DB, AT, and HW are employees of Arcutis Biotherapeutics, Inc.

# Safety and Efficacy of Topical Roflumilast Cream (ARQ-151) in Subjects With Mild or Moderate Plaque Psoriasis: Background and Methods

## Background

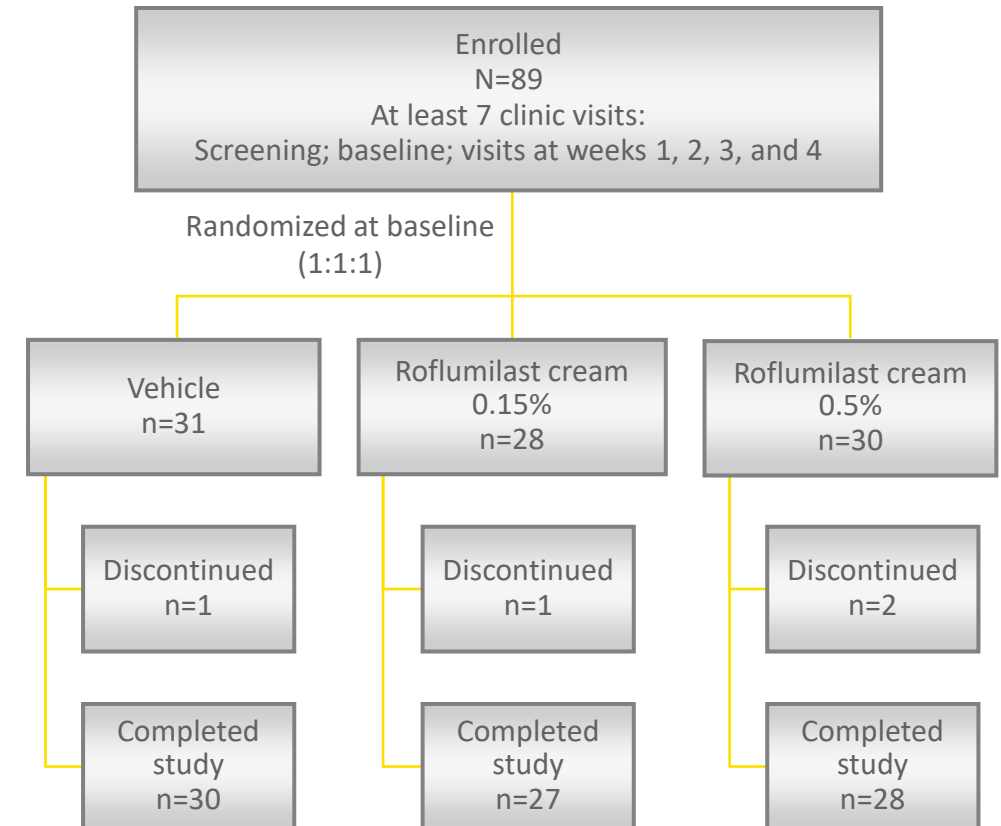
- Options for topical treatment of chronic plaque psoriasis are limited to potent steroids or vitamin D, both of which have long-term tolerability issues
- Roflumilast cream (ARQ-151) is a potent, selective phosphodiesterase-4 (PDE-4) inhibitor under clinical investigation for treatment of mild or moderate plaque psoriasis
  - PDE-4 inhibition decreases production of TNF $\alpha$ , IFN $\gamma$ , IL-17, and IL-23<sup>1,2</sup>
  - Approximately 25- to 300-fold more potent than currently available PDE-4 inhibitors (depending on PDE-4 subtype), exhibiting half-maximal inhibitory concentration values of both roflumilast and roflumilast N-oxide for PDE-4 isoforms and subtypes at subnanomolar potency<sup>3,4</sup>
- Objective of this phase 1/2a study was to evaluate the safety and efficacy of 2 concentrations of roflumilast cream versus vehicle in subjects with chronic plaque psoriasis

## Methods

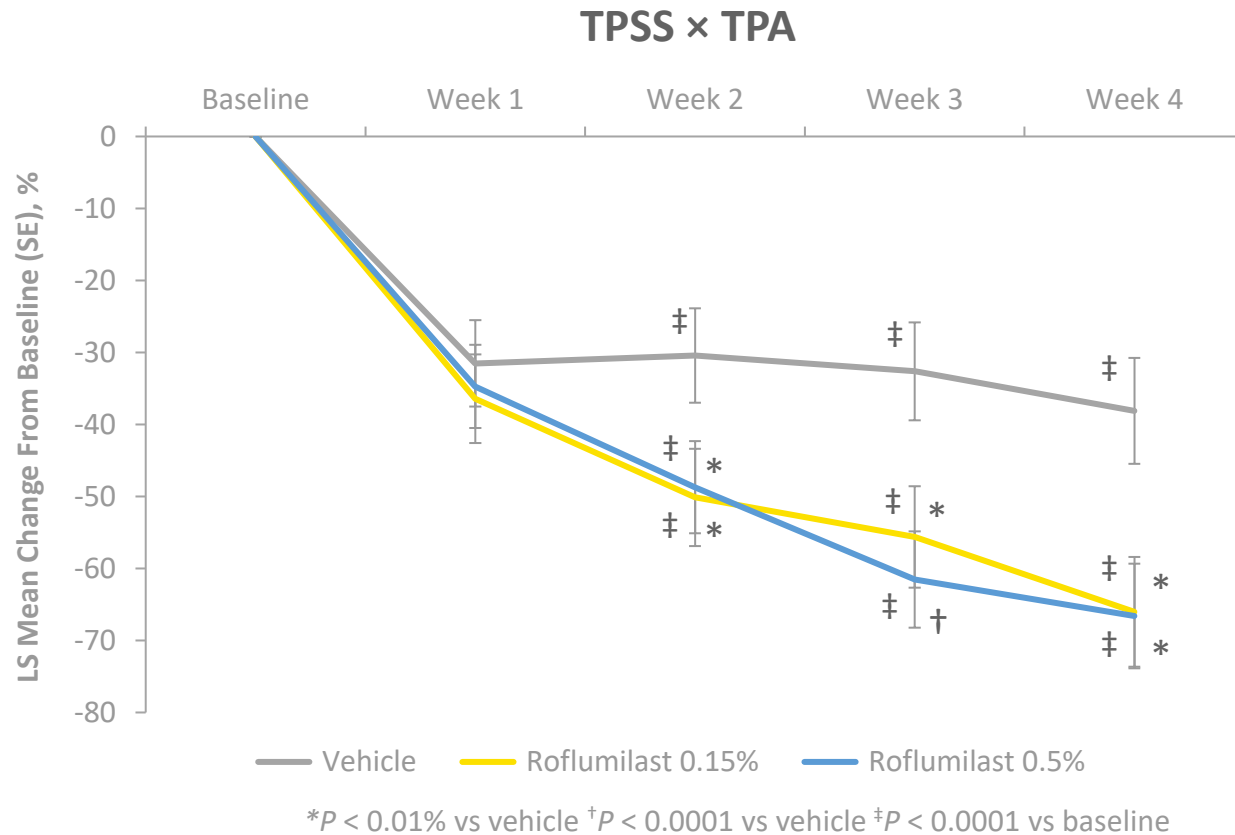
- Parallel-group, randomized, double-blind, vehicle-controlled study of adult subjects ( $\geq 18$  years) with chronic plaque psoriasis (disease duration  $\geq 6$  months) covering 0.5%–5.0% of total BSA, excluding face, scalp, intertriginous areas, palms, and soles (ClinicalTrials.gov NCT03392168)
- Subjects received roflumilast cream 0.15% or 0.5% or vehicle applied once daily for 28 days
- Primary efficacy endpoint: % change from baseline at week 4 in TPSS  $\times$  TPA\* between each dose of roflumilast compared with vehicle

\*TPSS: Target Plaque Severity Score was determined for each target plaque as the sum of erythema, thickness, and scaling, each rated on scale of 0 (none) to 4 (very severe). TPA: target plaque area (cm<sup>2</sup>) was determined by multiplying the target plaque longest diameter by the widest perpendicular diameter.

<sup>1</sup>Li H, et al. *Front Pharmacol* 2018;9:1048. <sup>2</sup>Dong C, et al. *J Pharmacol Exp Ther* 2016;358:413-422. <sup>3</sup>Hatzelmann A, et al. *Pulm Pharmacol Ther* 2010;23:235-256. <sup>4</sup>Kitzen J, et al. *Pharmacol Pharm* 2018;9:357-381.



# Roflumilast Improved Severity of Plaque Psoriasis



Roflumilast cream 0.15% and 0.5% resulted in 66% and 67% improvement from baseline in TPSS × TPA at week 4 compared with 38% for vehicle

Vehicle

Roflumilast 0.15%

Roflumilast 0.5%



Data are presented for modified intent-to-treat population. Estimates for LS means and  $P$  values are from a mixed model for repeated measures. LS: least squares; SE: standard error; TPA: target plaque area; TPSS: Target Plaque Severity Score.

# All TEAEs Were Mild or Moderate

TEAE,* n (%)	Vehicle (n=31)	Roflumilast 0.15% (n=28)	Roflumilast 0.5% (n=30)
Subjects with ≥1 TEAE	11 (36)	7 (25)	12 (40)
Maximum severity of TEAE			
Mild	6 (19)	3 (11)	7 (23)
Moderate	5 (16)	4 (14)	5 (17)
Severe	0	0	0
Death related to AE	0	0	0
Subjects with a treatment-related TEAE	8 (26)	2 (7)	7 (23)
Subjects with a TEAE leading to discontinuation of study drug	0	0	0
Subjects with an SAE	0	0	0

\*Occurring in more than 1 subject across the treatment groups.

TEAE, n (%)	Vehicle (n=31)	Roflumilast 0.15% (n=28)	Roflumilast 0.5% (n=30)
Application site conditions	8 (26)	2 (7)	7 (23)
Erythema	4 (13)	1 (4)	4 (13)
Pain	5 (16)	1 (4)	2 (7)
Edema	1 (3)	0	1 (3)
Papules	1 (3)	0	1 (3)
Pruritus	0	1 (4)	1 (3)
Nasopharyngitis	0	2 (7)	2 (7)
Gastroenteritis viral	1 (3)	1 (4)	0
Influenza	2 (7)	0	0
Upper respiratory tract infection	0	2 (7)	1 (3)
Muscle strain	2 (7)	1 (4)	1 (3)
Limb injury	1 (3)	1 (4)	0

Data are presented for safety population. AE: adverse event; SAE: serious adverse event; TEAE: treatment-emergent adverse event.

# Conclusions

- PDE-4 inhibition represents a validated mechanism of action for oral psoriasis therapy, but a new mechanism of action for topical psoriasis treatment
- Improvement in TPSS × TPA at week 4 was statistically significant for roflumilast 0.15% and 0.5% compared with vehicle
- Statistical separation from vehicle was reached for both roflumilast concentrations as early as week 2, and the difference between active treatment and vehicle continued to increase through week 4
- AEs (all mild/moderate) were uncommon and similar between active arms and vehicle, with application site reactions being the most common
- No severe or serious TEAEs were reported and no subjects discontinued treatment because of an AE

**Roflumilast cream, an investigational once-daily topical PDE-4 inhibitor, was well-tolerated and led to substantial and early improvements in subjects with chronic plaque psoriasis in this phase 2a study**