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APPROVAL PACKAGE FOR:

APPLICATION NUMBER

21-184/002

**Clinical Pharmacology and Biopharmaceutics
Review**

In this application (NDA 21-184 S002), the sponsor seeks approval of 0.1% tazarotene cream formulation for the topical treatment of photodamaged skin. This is a new indication for which neither tazarotene gel nor tazarotene cream has been approved before..

Recommendation

One clinical study was conducted to evaluate safety and pharmacokinetics and another clinical study was conducted to evaluate safety and efficacy of tazarotene cream 0.1% to support approval of TAZORAC® (tazarotene) Cream, 0.1% in the once-daily treatment of photodamaged skin. The second study also has an exposure-response component conducted through population pharmacokinetics. The findings from these studies are comparable to findings obtained previously during submission of Tazorac® (tazarotene topical gel) 0.05%, 0.1% gels approved in June, 1997 and TAZORAC® Cream 0.1% approved in September, 2000, and October, 2001 respectively and proven to be safe and effective topical treatment of retinoid responsive dermatoses.

Based on this review, NDA 21-184 S002 is acceptable from a Clinical Pharmacology and Biopharmaceutics perspective. A review of the PK data in this submission has resulted in certain changes in the appropriate sections of the product label. The suggested changes are included in the section “Labeling Comments” and have been conveyed to the reviewing division.

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Clinical Pharmacology and Biopharmaceutics

A. Background:

The mechanism of tazarotene action in photodamaged skin is unknown. Improvement in the appearance of photodamaged skin appears to occur in association with increased epidermal thickness, decrease in percentage area of melanin, and compaction of the stratum corneum. A study of the histological safety of tazarotene cream 0.1% applied to photodamaged but otherwise normal skin for 24 weeks showed that tazarotene is not associated with the formation or worsening of keratinocytic atypia or melanocytic atypia. Tazarotene cream 0.1% was associated with significant improvements in the distribution/severity of melanocytic atypia when compared with vehicle. Furthermore, tazarotene cream 0.1% was shown to be associated with (i) significant increases in epidermal thickness and (ii) significantly greater proportions of patients who showed an increase from baseline in the number of granular cell layers. Tazarotene cream 0.1% was also associated with significantly greater proportions of patients who showed an increase from baseline in epidermal edema. The clinical significance of these changes is unknown.

Tazarotene is converted to its active form, tazarotenic acid, by rapid deesterification upon reaching the systemic circulation. The metabolic pathways of tazarotene include hydrolysis to form the free acid and oxidation to form sulfoxide and sulfone metabolites. The primary metabolites of tazarotene consists of the free acid (tazarotenic acid, active metabolite) in plasma, and the sulfoxide and tazarotenic acid in urine. In fecal excretion, polar metabolites (59%) (one of which was identified as an oxygenated derivative of tazarotenic acid) were found in addition to the above two metabolites. In studies using radiolabeled drug, both urinary and fecal excretion pathways were found to be equally important. Following topical application, tazarotene undergoes esterase hydrolysis to form its active metabolite, tazarotenic acid. Little parent compound could be detected in the plasma. Tazarotenic acid is highly bound to plasma proteins (>99%).

B. Regulatory Summary of Approved Gel and Cream Formulations of Tazarotene by Indications

Formulation	NDA	Indication	BSA	Regulatory Status	Parameters	
					C _{max} (ng/ml)	AUC ₀₋₂₄ (ng.h/ml)
0.1% Cream	21-184 S002	Photodamaged Skin	15%	Under review	1.75±0.53	23.75±7.0
0.1% Cream	21-184 S001	Acne	15%	Approved (Oct/2001)	1.20±0.41	17.0±6.1
0.1% Gel	20-600	Acne	15%	Approved (June/1997)	4.84±6.05	44.6±38.9
0.1% Cream	21-184	Psoriasis	14±11%	Approved (Sep/2000)	2.31±2.78	31.2±35.2
0.1% Gel	20-600	Psoriasis	13±5%	Approved (June/1997)	12±7.6	105±55

Based on the above Summary Table the following conclusions were drawn:

- Compared to 0.1% Gel, 0.1% Cream always showed lesser systemic exposure under similar condition.
- Systemic exposure in photodamaged skin is less than that in psoriasis but more than that in acne under similar condition from 0.1% cream formulations.
- Plasma concentration of tazarotenic acid after exaggerated dosing were toward the lower end of the range for the endogenous concentrations of tretinoin and its metabolites, which have been reported to range from 1 to 4 ng/ml.

C. Formulation:

The following table describes the composition of the approved cream presently under consideration for new photodamage indication:

Ingredients	0.1% Cream (#9087X)
Tazarotene	0.10
Benzyl Alcohol	1.0
Sodium Thiosulfate USP	-
	-
	-
Disodium EDTA	-
Mineral Oil USP	-
Medium Chain Triglycerides	-
Carbomer 1342 NF	-
Sorbital Monooleate NF	-
	-
Carbomer 934P	-
	-
	-
NaOH NF	-
Purified Water	-

D. Analytical:

Tazarotenic acid plasma concentrations in both clinical PK studies were assayed using a validated _____ method (Allergan report PK-95-044). The method employed _____ internal standard of tazarotenic acid. _____ employing _____ columns. Tazarotenic acid was _____ with _____ After _____ the sample was _____ in _____ and injected onto a _____. The lower limit of quantitation (LLOQ) of tazarotenic acid was _____ pg/mL. All concentrations were interpolated from calibration curves with a nominal concentration range of 5 to 500 pg/mL. The analysis was performed by _____

E. Pharmacokinetic Studies

The sponsor listed the following studies to provide *in vivo* pharmacokinetics data in support of 0.1% tazarotene cream for photodamaged skin. The above formulation (#9087X) was used in all these studies. The first study is considered pivotal for this application whereas population PK part of the second study is supportive. The studies have been reviewed individually and the reports have been included in the Appendix.

1. **Study 190168-038C:** An open-label, single-center, parallel-group, safety and pharmacokinetics study of tazarotene cream 0.1% after a single dose and after 6, 13, 20, and 27 repeat topical applications once daily to either the face only or to an exaggerated body surface area (15%) in patients with photodamaged facial skin

2. **Study 190168-033C:** An *Exposure-Response Report* of Tazarotenic Acid Based on Weeks 36 and 52 Data Collected from Allergan Study 190168-033C-00 Titled, "A Multi-Center, Double-Blind, Randomized, Vehicle-Controlled, Parallel-Group Comparison of the Safety and Efficacy of Tazarotene Cream 0.1% Applied Once Daily for 24 Weeks Followed by Treatment with Tazarotene Cream 0.1% (Open-Label) for 28 Weeks in Patients with Photodamaged Facial Skin"

F. General Clinical Pharmacology Issues

- Tazarotenic acid is considered a weak inhibitor of cytochrome P450 enzyme with K_i values ranging from 4800 to 26000 ng/mL. Following topical dosing in humans, the tazarotenic acid concentration in plasma is several thousand times lower than these K_i values and therefore, the potential for a tazarotenic acid mediated drug-drug interaction is minimal following topical dosing.
- Being a topical dosage form, the characteristics of the exposure-response relationships for efficacy and safety is not defined. The therapeutic drug monitoring (190169-029C) had both PK and efficacy components. However, plasma concentration did not correlate with the efficacy outcome, which may be expected from topical therapy where improved efficacy may mean improvement of barrier function of the skin, which leads to lower plasma concentration in subsequent weeks.

G. Are the designs of the PK studies adequate to evaluate PK parameters and to demonstrate safety at the maximum usage condition to the right patient population?

Yes. Two clinical studies were conducted to evaluate pharmacokinetics to support approval of TAZORAC[®] (tazarotene) Cream, 0.1% in the once-daily treatment of photodamaged skin. The findings from these studies are comparable to findings obtained previously during submission of Tazorac[®] (tazarotene topical cream) 0.1%

cream approved in Sep, 2000 for psoriasis and TAZORAC[®] Cream 0.1% approved in October, 2001 for acne vulgaris.

LABELING COMMENTS

Please refer to the **Pharmacokinetics** section under **Clinical Pharmacology** of proposed Tazorac[®] Cream labeling. ~~Strikeout~~ suggests deletion and *italics* suggests insertion.

Pharmacokinetics: Following topical application, tazarotene undergoes esterase hydrolysis to form its active metabolite, tazarotenic acid. Little parent compound could be detected in the plasma. Tazarotenic acid was highly bound to plasma proteins (>99%). Tazarotene and tazarotenic acid were metabolized to sulfoxides, sulfones and other polar metabolites which were eliminated through urinary and fecal pathways. The half-life of tazarotenic acid [

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CC: NDA 21-184 (S002)
HFD-540/Div File
HFD-540/CSO/Bhatt
HFD-880(Bashaw/Ghosh)
HFD-880 (Lazor)

APPENDIX

An Open-label, Single-center, Parallel-group, Safety and Pharmacokinetics Study of Tazarotene cream 0.1% After a Single Dose and After 6, 13, 20, and 27 Repeat Topical Applications Once Daily to either the Face only or to an Exaggerated Body Surface Area (15%) in Patients with Photodamaged Facial Skin

Objectives

The study objectives were (1) to compare the pharmacokinetics of tazarotenic acid under standard (face only) dosing and exaggerated-dosing conditions after a single dose and after 6, 13, 20, and 27 repeat topical applications once daily of tazarotene cream 0.1% to patients with photodamaged facial skin, and (2) to demonstrate the safety of tazarotene cream 0.1% after a single application and after 6, 13, 20, and 27 repeat applications under standard and exaggerated-dosing conditions to patients with photodamaged facial skin.

Study Design

This was a single-center, open-label, parallel-group, pharmacokinetics study to assess the pharmacokinetics of tazarotene cream 0.1% (9087X, lot number 11311D) when used on an exaggerated dosing area or only on the face in patients with photodamaged facial skin according to the following schedule.

BODY LOAD ESTIMATE FOR STANDARD DOSING GROUP (FACE ONLY) AND EXAGGERATED-DOSING GROUP (15% BSA)

	Face-Only	15% BSA
Area of Application	--	2445 cm ² *
Application rate	--	2 mg/cm ²
Amount of cream applied	0.30 g	4.89 g
Drug concentration	0.1%	0.1%
Amount of drug applied per application	0.3 mg	4.89 mg
Applications per day	1	1
Number of dosing days	28	28
Total dose of drug during study	8.4 mg	136.92 mg
Drug during study (for a 59 kg person)	0.14 mg/kg	2.32 mg/kg
Drug per day (for a 59 kg person)	0.005 mg/kg/day	0.083 mg/kg/day

* Assuming that patient is 5'-4" tall and 130 lb (16,300 cm² skin x 15% = 2,445 cm²)

For one group of 16 patients (8 females and 8 males) with photodamage, treatment was to a total area of approximately 15% body surface area, including the entire face (i.e., whole face from the mandibular line to the hairline edge), the chest, back, shoulders (the neck was optional depending on the patient's need), arms and the backs of the hands. For another group of 8 patients (6 females and 2 males) with photodamage, treatment was to

the entire face only (i.e., whole face from the mandibular line to the hairline edge). A total of 28 doses were applied over a period of 33 days. The mean \pm SD number of days of exposure in the exaggerated-dosing group was 28.0 ± 0.0 days, and in the face-only group it was 27.0 ± 2.83 days (range 20 – 28). In the exaggerated-dosing group, all patients (100.0%, 16/16) were exposed to 28 doses, whereas in the face-only group 87.5% (7/8) of patients were exposed to 28 doses. Each dose was applied in the late afternoon/early evening at the investigational site on day 0 and days 3 through 29. All doses were applied by the investigational site personnel to ensure uniformity of application. Each patient had blood withdrawn for measurement of tazarotenic acid on the following days:

- Prior to the first dose on Day 0, and at 3, 6, 9, 12, 16, 20, 24, 36, 48, 60, and 72 hours post-dose
- Prior to the doses (trough) on Days 8, 15, and 22, and at 3, 6, 9, 12, 16, 20, and 24 hours post-dose on Days 8, 15, and 22
- Prior to the last dose (Day 29, trough) and at 3, 6, 9, 12, 16, 20, 24, 36, 48, 60, and 72 hours post-dose.

Pharmacokinetic and Statistical Assessments

The parameters K_e and $T_{1/2}$ were calculated for the day 0 and 29 tazarotenic acid data while AUC_{0-inf} was calculated for the day 0 data only. The parameters AUC_{0-24} , C_{max} and T_{max} were calculated for data from days 0, 8, 15, 22, and 29. Descriptive statistics including mean, standard deviation (SD), minimal value (Min), median, maximal value (Max), coefficient of variation (CV), standard error (SE), 95% confidence levels (Conf. Level, CL) for the mean, 25% and 75% quantiles were calculated for each pharmacokinetic parameter. Potential gender and time effects on C_{max} and AUC (AUC_{0-inf} on day 0, AUC_{0-24} on days 8, 15, 22 and 29) in the exaggerated-dosing group were investigated using a multivariate repeated-measures analysis approach (SAS PROC GLM, REPEATED statement). This analysis was also performed to evaluate time effect for the face-only treatment group. The null hypothesis was that there was no difference in the mean C_{max} and AUC values between female and male patients and that time had no effect on systemic drug exposure. Differences were considered statistically significant when the p-value associated with the multivariate test F statistics was less or equal to 0.05.

Results

Tables 1a, 1b, 1c, 1d, and 1e present the list and summary of tazarotenic acid concentration values from patients in the face only and exaggerated dosing group at each sampling time on days 0, 8, 15, 22, and 29, respectively.

Table 1a: List of plasma tazarotenic acid concentrations (pg/ml) prior to topical application of tazarotene cream 0.1% to the face only and exaggerated dosing group on day 0, and at 3, 6, 9, 12, 16, 20, 24, 36, 48, 60, and 72 hours post-dose on days 0 to 3.

Days 0 - 3

Obs	Pt#	Trt	Sex	0hr	3hr	6hr	9hr	12hr	16hr	20hr	24hr	36hr	48hr	60hr	72hr	Cmax	Ctrough
1	3001	15%	F	0	┌											274	0
2	3002	15%	F	0												1113	0
3	3003	15%	F	0												128	0
4	3004	15%	F	0												125	0
5	3005	15%	F	0												171	0
6	3006	15%	F	0												139	0
7	3007	15%	F	0												129	0
8	3008	15%	M	0												191	0
9	3009	15%	M	0												109	0
10	3010	15%	M	0												279	0
11	3011	15%	M	0												121	0
12	3012	15%	M	0												143	0
13	3013	15%	M	0												244	0
14	3014	15%	M	0												362	0
15	3015	15%	M	0											┐	171	0
16	3016	15%	M	0												329	0
			Mean	0	55	200	232	223	182	137	115	74	41	20	13	252	0
			SD	0	45	252	213	180	151	95	77	46	21	10	7	243	0
			CV%	0	82	126	92	81	83	69	67	62	50	50	55	97	0
			Min														0
			Max														0
			Median	0	38	124	171	170	130	104	99	66	40	19	11	171	0
17	3017	Face	F	0	┌											88	0
18	3018	Face	F	0												97	0
19	3019	Face	F	0												103	0
20	3020	Face	F	0												59	0
21	3023	Face	F	0												63	0
22	3024	Face	F	0												199	0
23	3021	Face	M													72	0
24	3022	Face	M												┐	58	0
			Mean	0	32	76	86	75	50	36	27	13	5	1	0	92	0
			SD	0	12	35	47	38	20	16	14	7	5	3	0	46	0
			CV%	0	38	46	54	51	39	45	50	53	100	186	0	50	0
			Min														0
			Max														0
			Median	0	30	62	74	64	44	30	22	11	5	0	0	80	0

Table 1b: List of plasma tazarotenic acid concentrations (pg/ml) prior to topical application of tazarotene cream 0.1% to the face only and exaggerated dosing group on day 8

Days 8 - 9

Obs	Pt#	Trt	Sex	0hr	3hr	6hr	9hr	12hr	16hr	20hr	24hr	Cmax	Ctrough
1	3001	15%	F									450	191
2	3002	15%	F									1049	366
3	3003	15%	F									478	137
4	3004	15%	F									377	179
5	3005	15%	F									327	62
6	3006	15%	F									316	185
7	3007	15%	F									570	244
8	3008	15%	M									535	104
9	3009	15%	M									335	65
10	3010	15%	M									469	266
11	3011	15%	M									158	57
12	3012	15%	M									253	93
13	3013	15%	M									1373	400
14	3014	15%	M									826	185
15	3015	15%	M									688	183
16	3016	15%	M									928	139
			Mean	213	376	549	521	484	365	247	210	571	179
			SD	117	215	330	275	294	229	146	115	327	101
			CV%	55	57	60	53	61	63	59	55	57	57
			Min										
			Max										
			Median	192	313	459	474	431	320	226	188	474	181
17	3017	Face	F									210	20
18	3018	Face	F									105	32
19	3019	Face	F									151	31
20	3020	Face	F									94	19
21	3023	Face	F									73	21
22	3024	Face	F									249	52
23	3021	Face	M									198	62
24	3022	Face	M									118	31
			Mean	40	112	142	125	103	83	49	40	150	34
			SD	22	64	66	55	54	46	20	18	63	16
			CV%	54	57	46	44	53	56	42	44	42	47
			Min										
			Max										
			Median	38	76	108	112	84	64	43	34	135	31

Table 1c: List of plasma tazarotenic acid concentrations (pg/ml) prior to topical application of tazarotene cream 0.1% to the face only and exaggerated dosing group on day 15

Days 15 -16

Obs	Pt#	Trt	Sex	0hr	3hr	6hr	9hr	12hr	16hr	20hr	24hr	Cmax	Ctrough
1	3001	15%	F									892	426
2	3002	15%	F									1552	346
3	3003	15%	F									1459	118
4	3004	15%	F									1266	546
5	3005	15%	F									1170	223
6	3006	15%	F									1951	225
7	3007	15%	F									1792	382
8	3008	15%	M									1303	289
9	3009	15%	M									479	120
10	3010	15%	M									720	168
11	3011	15%	M									896	168
12	3012	15%	M									1603	229
13	3013	15%	M									1512	352
14	3014	15%	M									1935	352
15	3015	15%	M									1315	354
16	3016	15%	M									1575	236
			Mean	297	1073	1339	1114	912	677	447	342	1339	283
			SD	132	434	425	328	282	196	143	129	425	118
			CV%	45	40	32	29	31	29	32	38	32	42
			Min										
			Max										
			Median	294	991	1387	1168	973	675	457	327	1387	263
17	3017	Face	F									95	13
18	3018	Face	F									126	26
19	3019	Face	F									835	30
20	3020	Face	F									113	22
21	3023	Face	F									223	57
22	3024	Face	F									100	24
23	3021	Face	M									78	34
24	3022	Face	M									321	57
			Mean	37	127	236	131	104	72	47	33	236	33
			SD	19	65	255	75	60	37	23	16	255	16
			CV%	52	51	108	58	57	52	50	48	108	49
			Min										
			Max										
			Median	32	99.5	120	94.5	83	54.5	38.5	28	119.5	28

Table 1d: List of plasma tazarotenic acid concentrations (pg/ml) prior to topical application of tazarotene cream 0.1% to the face only and exaggerated dosing group on day 22

Days 22 - 23

Obs	Pt#	Trt	Sex	0hr	3hr	6hr	9hr	12hr	16hr	20hr	24hr	Cmax	Ctrough
1	3001	15%	F									1660	381
2	3002	15%	F									1583	306
3	3003	15%	F									1876	224
4	3004	15%	F									2127	671
5	3005	15%	F									1183	237
6	3006	15%	F									1833	220
7	3007	15%	F									1801	442
8	3008	15%	M									1780	331
9	3009	15%	M									989	178
10	3010	15%	M									1190	52
11	3011	15%	M									960	215
12	3012	15%	M									2849	151
13	3013	15%	M									2325	504
14	3014	15%	M									2515	269
15	3015	15%	M									1459	369
16	3016	15%	M									1881	168
			Mean	326	1230	1736	1444	1048	787	531	396	1751	295
			SD	186	452	523	500	425	271	172	139	533	153
			CV%	57	37	30	35	41	34	32	35	30	52
			Min										
			Max										
			Median	302	1182	1791	1336	1075	762	494	374	1791	253
17	3017	Face	F									105	11
18	3018	Face	F									124	32
19	3019	Face	F									169	23
20	3020	Face	F									118	16
21	3023	Face	F									73	26
22	3024	Face	F									334	61
23	3021	Face	M									218	47
			Mean	34	116	156	131	105	81	50	34	163	31
			SD	18	70	95	80	58	27	30	19	89	18
			CV%	54	60	61	61	55	33	61	56	54	57
			Min										
			Max										
			Median	32	88	124	109	88	68	35	26	124	26

Table 1e: List of plasma tazarotenic acid concentrations (pg/ml) prior to topical application of tazarotene cream 0.1% to the face only and exaggerated dosing group on day 29, and at 3, 6, 9, 12, 16, 20, 24, 36, 48, 60, and 72 hours post-dose on days 29 to 32.

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Obs	Pt#	Trt	Sex	0hr	3hr	6hr	9hr	12hr	16hr	20hr	24hr	36hr	48hr	60hr	72hr	Cmax	Ctrough
1	3001	15%	F													1386	452
2	3002	15%	F													1886	395
3	3003	15%	F													1567	132
4	3004	15%	F													2773	965
5	3005	15%	F													708	127
6	3006	15%	F													3429	392
7	3007	15%	F													1699	332
8	3008	15%	M													1067	308
9	3009	15%	M													721	136
10	3010	15%	M													508	89
11	3011	15%	M													920	179
12	3012	15%	M													1495	84
13	3013	15%	M													1352	330
14	3014	15%	M													2477	284
15	3015	15%	M													1429	324
16	3016	15%	M													1714	277
			Mean	309	1096	1552	1331	1062	760	541	395	214	128	88	64	1571	300
			SD	214	451	810	618	511	339	254	217	143	87	54	38	785	212
			CV%	69	41	52	46	48	45	47	55	67	68	62	60	50	71
			Min														
			Max														
			Median	301	1156	1462	1332	1053	767	519	327	148	94	72	53.5	1462	296
17	3017	Face	F													169	19
18	3018	Face	F													159	25
19	3019	Face	F													187	26
20	3020	Face	F													91	23
21	3023	Face	F													98	27
22	3024	Face	F													233	49
23	3021	Face	M													178	48
			Mean	36	113	158	134	114	80	50	32	18	11	7	2	159	31
			SD	15	38	50	50	44	28	21	12	6	4	3	4	50	12
			CV%	43	34	31	38	39	36	42	38	36	35	52	173	31	39
			Min														
			Max														3
			Median	29	108	168	122	113	69	49	27	17	10	7	0	169	26

Mean ± SD plasma tazarotenic acid concentrations on days 0, 8, 15, 22, and 29 plotted as a function of time in the face only dosing group and in the exaggerated dosing group are presented in Figures 1 and 2, respectively. The non-compartmental pharmacokinetic

parameters of tazarotenic acid from patients in the face only dosing group and the exaggerated dosing group are presented in Tables I and II, respectively. Table III represents a descriptive statistical summary of pharmacokinetic parameters for tazarotenic acid for days 0, 8, 15, 22 and 29 from female patients in the exaggerated-dosing group. Table IV represents a descriptive statistical summary of pharmacokinetic parameters from male patients in the exaggerated-dosing group.

Table I: Mean ± SD (Maximum, Median) Pharmacokinetic Parameters of Tazarotenic Acid on Study Days 0, 8, 15, 22, and 29 from Patients in the Face-Only Dosing Group (N = 8, 6 Females, 2 Males)

Study Day	C _{max} (pg/mL)	C _{trough} (pg/mL)	T _{max} (hr)	AUC ^a (pg·hr/mL)	T _½ (hr)
0	92 ± 46 (199, 80)	BLQ	8.6 ± 1.9 (12.0, 9.0)	1698 ± 728 (3353, 1376)	10.7 ± 1.9 (12.5, 11.2)
8	150 ± 63 (249, 135)	34 ± 1.6 (62, 31)	8.0 ± 3.5 (16.0, 6.0)	2165 ± 956 (3685, 1936)	NA
15	236 ± 255 (835, 120)	33 ± 1.6 (57, 28)	6.0 ± 0.0 (6.0, 6.0)	2442 ± 1378 (4441, 1646)	NA
22 ^b	163 ± 89 (334, 124)	31 ± 1.8 (61, 26)	6.0 ± 1.7 (9.0, 6.0)	2224 ± 1148 (4493, 1934)	NA
29 ^b	159 ± 50 (233, 169)	31 ± 1.2 ^c (49, 26)	6.4 ± 1.1 (9.0, 6.0)	2248 ± 755 (3465, 2299)	18.8 ± 3.7 (26.2, 17.6)

^a AUC: AUC_{0-inf} at day 0, and AUC_{0-24hr} at days 8, 15, 22, and 29

^b N = 7 at days 22 and 29

^c Based on data up to 24 hours

NA Not Applicable

Table II: Mean ± SD (Maximum, Median) Pharmacokinetic Parameters of Tazarotenic Acid on Study Days 0, 8, 15, 22, and 29 from Patients in the Exaggerated-Dosing Group (N = 16, 8 Females, 8 Males)

Study Day	C _{max} (pg/mL)	C _{trough} (pg/mL)	T _{max} (hr)	AUC (pg·hr/mL)	T _½ (hr)
0	252 ± 243 (1113, 171)	BLQ	9.6 ± 2.3 (12.0, 9.0)	6455 ± 4512 (22136, 5300)	15.1 ± 5.0 (29.5, 13.9)
8	571 ± 327 (1373, 474)	179 ± 101 (400, 181)	7.7 ± 1.9 (12.0, 7.5)	9222 ± 5164 (21389, 8102)	NA
15	1339 ± 425 (1951, 1387)	285 ± 118 (546, 263)	6.0 ± 0.0 (6.0, 6.0)	19397 ± 5741 (27656, 20257)	NA
22	1751 ± 533 (2849, 1791)	295 ± 153 (671, 253)	6.0 ± 1.1 (9.0, 6.0)	23754 ± 6967 (35034, 23493)	NA
29	1571 ± 785 (3429, 1462)	300 ± 212 ^a (965, 296)	6.2 ± 1.3 (9.0, 6.0)	22110 ± 9962 (43971, 21742)	23.8 ± 13.0 (51.3, 17.7)

AUC AUC_{0-inf} at day 0, and AUC_{0-24hr} at days 8, 15, 22, and 29

NA Not Applicable

^a Based on data up to 24 hours

In the face-only dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred on day 15. The mean ± SD values of C_{max} and AUC₀₋₂₄ of tazarotenic acid on day 15 were 0.236 ± 0.255 ng/mL (N = 8) and 2.44 ± 1.38 ng·hr/mL (N = 8), respectively. The single highest C_{max} was 0.835 ng/mL on day 15.

In the exaggerated-dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred on day 22. The mean ± SD values of C_{max} and AUC₀₋₂₄ of tazarotenic acid on day 22 were 1.75 ± 0.53 ng/mL (N = 16) and 23.8 ± 7.0 ng·hr/mL (N = 16), respectively. The single highest C_{max} was 3.43 ng/mL on day 29.

In general, when drug were applied to the face only, C_{trough} values are very low and are similar among days 8, 15, 22, and 29, suggesting that the steady state might have been reached by day 8. When drug were applied to the 15% body surface area, C_{trough} values are usually similar among days 15, 22, 29 and 42, suggesting that the steady state might have been reached by day 15.

Table III: Mean \pm SD (Maximum, Median) Pharmacokinetic Parameters of Tazarotenic Acid on Study Days 0, 8, 15, 22, and 29 from Female Patients in the Exaggerated-Dosing Group (N = 8)

Study Day	C_{max} (pg/mL)	T_{max} (hr)	AUC (pg·hr/mL)	$T_{1/2}$ (hr)
0	284 \pm 339 (1113, 155)	9.0 \pm 2.8 (12.0, 9.0)	7198 \pm 6133 (22136, 4935)	17.2 \pm 5.5 (29.5, 15.4)
8	513 \pm 235 (1049, 464)	7.9 \pm 2.2 (12.0, 7.5)	8696 \pm 4352 (18633, 7874)	NA
15	1423 \pm 342 (1951, 1381)	6.0 \pm 0 (6.0, 6.0)	21167 \pm 4576 (27656, 19962)	NA
22	1730 \pm 273 (2127, 1791)	6.0 \pm 0 (6.0, 6.0)	24209 \pm 4313 (32551, 23756)	NA
29	1814 \pm 892 (3429, 1633)	6.0 \pm 0.0 (6.0, 6.0)	25613 \pm 11502 (43971, 23806)	27.4 \pm 14.1 (51.3, 24.0)

AUC AUC_{0-inf} at day 0, and AUC_{0-24hr} at days 8, 15, 22, and 29
 NA Not Applicable

Table IV: Mean \pm SD (Maximum, Median) Pharmacokinetic Parameters of Tazarotenic Acid on Study Days 0, 8, 15, 22, and 29 from Male Patients in the Exaggerated-Dosing Group (N = 8)

Study Day	C_{max} (pg/mL)	T_{max} (hr)	AUC (pg·hr/mL)	$T_{1/2}$ (hr)
0	220 \pm 98 (362, 208)	10.1 \pm 1.6 (12.0, 9.0)	5712 \pm 2179 (9096, 5736)	13.1 \pm 3.6 (21.5, 12.3)
8	629 \pm 407 (1373, 579)	7.5 \pm 1.6 (9.0, 7.5)	9748 \pm 6130 (21389, 10186)	NA
15	1254 \pm 503 (1935, 1414)	6.0 \pm 0.0 (6.0, 6.0)	17628 \pm 6522 (24974, 20257)	NA
22	1771 \pm 731 (2849, 1670)	6.0 \pm 1.6 (9.0, 6.0)	23299 \pm 9216 (35034, 22450)	NA
29	1327 \pm 623 (2477, 1391)	6.4 \pm 1.9 (9.0, 6.0)	18607 \pm 7233 (28998, 20328)	20.2 \pm 11.7 (42.2, 16.4)

AUC AUC_{0-inf} at day 0, and AUC_{0-24hr} at days 8, 15, 22, and 29
 NA Not Applicable

In the exaggerated-dosing group, the C_{max} and AUC values of tazarotenic acid for female and male patients were similar.

Figure 1: Mean plasma tazarotenic acid concentration – time profiles following topical application of tazarotene cream 0.1% once-daily to the entire face of eight patients with photodamaged skin

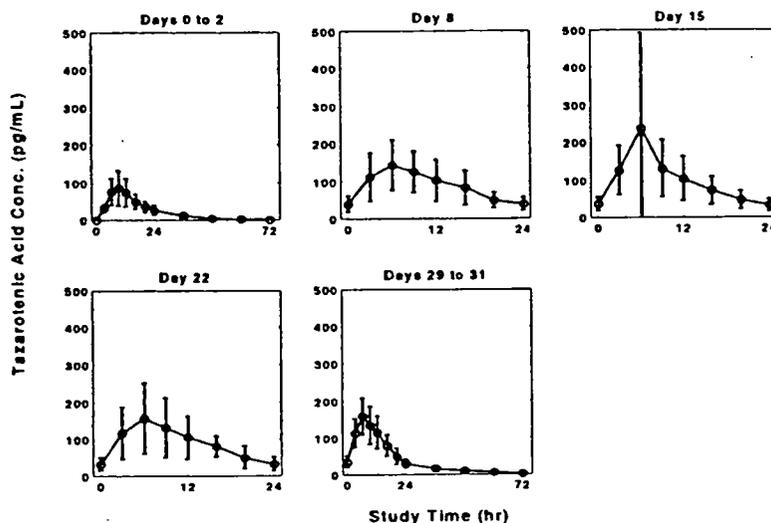
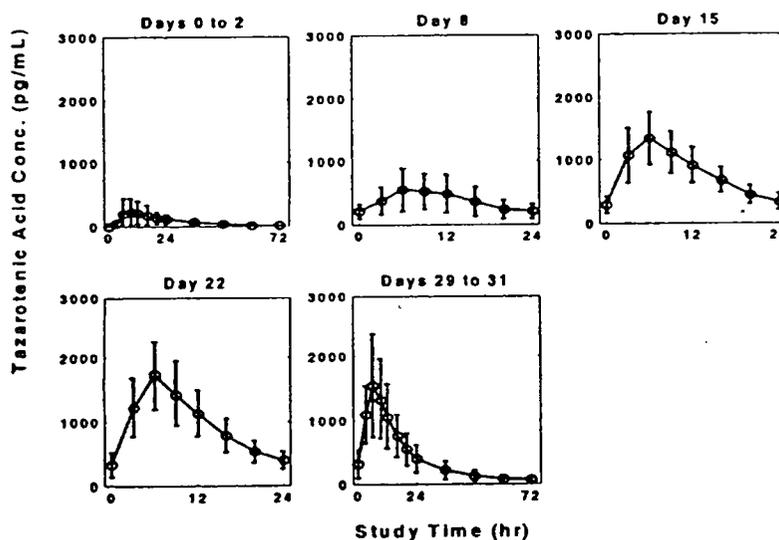


Figure 2. Mean plasma tazarotenic acid concentration – time profiles following topical application of tazarotene cream 0.1% once-daily to 15 % total body surface area of 16 male and female patients with photodamaged skin



A summary of the multivariate analysis of potential gender effect on C_{max} and AUC from patients in the exaggerated-dosing group is presented in Table V. The results suggested that gender difference had no influence on systemic drug exposure. A summary of the multivariate analysis of potential time effect on C_{max} and AUC from patients in the two treatment groups is presented in the Tables VI and VII, respectively. These results suggest there were no time effects on the C_{max} and AUC values of tazarotenic acid when the cream was applied to the face only. However, time effects became significant when

the cream was applied to 15% of total body surface area, ie. AUC and C_{max} values reached a steady level on day 22 and beyond.

Table V: Summary of Multivariate Repeated-measures Analyses of Pharmacokinetic Parameters C_{max} and AUC from patients in the Exaggerated-dosing Group

Comparison Group	p value associated with the F Statistics for the hypothesis of no gender effect	
	C_{max}	AUC
Days 0, 8, 15, 22, and 29	0.5290	0.3440
Days 8, 15, 22, and 29	0.5618	0.3727
Days 15, 22, and 29	0.4389	0.2661

Table VI: Summary of Multivariate Repeated-measures Analyses of C_{max} and AUC to Evaluate Time Effect in the Face-only Dosing Group

Comparison Group	p value associated with the F Statistics for the hypothesis of no time effect	
	C_{max}	AUC
Days 0, 8, 15, 22, and 29	0.0977*	0.1713
Days 8, 15, 22, and 29	0.8654	0.8596
Days 15, 22, and 29	0.6632	0.6533

*: C_{max} values from single dose data included

Table VII: Summary of Multivariate Repeated-measures Analyses of C_{max} and AUC to Evaluate Time Effect in the Exaggerated-dosing Group

Comparison Group	p value associated with the F Statistics for the hypothesis of no time effect	
	C_{max}	AUC
Days 0, 8, 15, 22, and 29	<0.0001*	<0.0001
Days 8, 15, 22, and 29	<0.0001	<0.0001
Days 15, 22, and 29	0.0021	0.0148

*: C_{max} values from single dose data included

Discussion

This study has characterized the plasma concentration versus time profile of tazarotenic acid following administration of up to 28 multiple doses of tazarotene cream 0.1% applied daily to an exaggerated body surface area (15% BSA) or to the face only in patients with facial photodamage. All patients had at least moderate fine wrinkling or mottled hyperpigmentation on the face. Patients in the exaggerated-dosing group also had fine wrinkling or mottled hyperpigmentation of at least minimal severity on chest, back, neck, shoulders, arms, and back of hands. Application to 15% BSA results in an estimated body load that is calculated to be approximately 17 times higher than the estimated body load resulting from application to the face only. In the exaggerated-dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred

on day 22. The mean \pm SD values of C_{max} and AUC_{0-24} of tazarotenic acid on day 22 were 1.75 ± 0.53 ng/mL (N = 16) and 23.8 ± 7.0 ng·hr/mL (N = 16), respectively. The single highest C_{max} was 3.43 ng/mL on day 29. In the face-only dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred on day 15. The mean \pm SD values of C_{max} and AUC_{0-24} of tazarotenic acid on day 15 were 0.236 ± 0.255 ng/mL (N = 8) and 2.44 ± 1.38 ng·hr/mL (N = 8), respectively. The single highest C_{max} was 0.835 ng/mL on day 15.

In a previous study, tazarotene 0.1% cream was applied once daily to patients with acne vulgaris. Comparison of the data from these two studies, as tabulated below, suggest that systemic availability of tazarotenic acid is higher in patients with photodamaged skin than in patients with acne vulgaris following once daily topical application of the 0.1% cream under both face-only (127% increase in C_{max} and 59% increase in AUC) and exaggerated-dosing (46% increase in C_{max} and 40% increase in AUC) conditions. However percentage increases calculated here are based on mean values of the parameters. Overall statistical significance of these apparent increases are not known. Nonetheless, it appears that under similar conditions, patients with photodamaged skin show higher systemic exposure of tazarotene as compared to acne patients.

Indication	Face only (Mean \pm SD)		15% BSA (Mean \pm SD)	
	C_{max} (ng/ml)	AUC (ng.hr/ml)	C_{max} (ng/ml)	AUC (ng.hr/ml)
Acne	104 ± 60	1540 ± 1010	1200 ± 410	17000 ± 6100
Photodamaged skin	236 ± 255	2442 ± 1378	1751 ± 533	23754 ± 6967
% increase	127	59	46	40

The severity of the majority of adverse events was rated mild or moderate. Five adverse events in the exaggerated-dosing group were rated as severe: 1 patient with severe edema, 2 patients with severe erythema, and 2 patients with severe rash.

In summary, topical application of tazarotene cream 0.1% to 15% body surface area resulted in higher plasma concentrations of tazarotenic acid than after application to the face only. Nevertheless, the plasma concentrations of tazarotenic acid after exaggerated-dosing were toward the lower end of the range for the endogenous concentrations of tretinoin and its metabolites, which have been reported to range from 1 to 4 ng/mL, with the total concentration up to a much as 6.63 ng/mL (Eckhoff & Nau, 1990). Adverse events were limited to signs and symptoms of local skin irritation, predominantly of mild or moderate severity and were more common in the exaggerated-dosing group.

Conclusions

1. In the exaggerated-dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred on day 22 during a 33-day study period. The mean \pm SD values of C_{max} and AUC_{0-24} of tazarotenic acid on day 22 were 1.75 ± 0.53 ng/mL ($N = 16$) and 23.8 ± 7.0 ng·hr/mL ($N = 16$), respectively. The single highest C_{max} was 3.43 ng/mL on day 29.
2. In the face-only dosing group, the maximum average C_{max} and AUC values of tazarotenic acid occurred on day 15 during a 33-day study period. The mean \pm SD values of C_{max} and AUC_{0-24} of tazarotenic acid on day 15 were 0.236 ± 0.255 ng/mL ($N = 8$) and 2.44 ± 1.38 ng·hr/mL ($N = 8$), respectively. The single highest C_{max} was 0.835 ng/mL on day 15.
3. In the exaggerated-dosing group, the C_{max} and AUC values of tazarotenic acid between males and females were similar.

Reviewer's Comments:

Apparently there was increase in both C_{max} and AUC values under both face only and exaggerated dosing group of patients with photodamaged skin compared to similar group of patients with acne vulgaris. A statistical comparison of the data from two different disease states could verify the significance of the differences.

Based on C_{trough} data, steady state appears to have been reached by day 15 in the exaggerated dosing group. However, statistical analysis show that it was reached by day 22.

**APPEARS THIS WAY
ON ORIGINAL**

NDA: 21-184 SN2/Study 190168-033C Study Date: Sep'99 – Mar'01

An *Exposure-Response Report* of Tazarotenic Acid Based on Weeks 36 and 52 Data Collected from Allergan Study 190168-033C-00 Titled, "A Multi-Center, Double-Blind, Randomized, Vehicle-Controlled, Parallel-Group Comparison of the Safety and Efficacy of Tazarotene Cream 0.1% Applied Once Daily for 24 Weeks Followed by Treatment with Tazarotene Cream 0.1% (Open-Label) for 28 Weeks in Patients with Photodamaged Facial Skin"

Objectives:

1. Examine plasma tazarotenic acid (AGN 190299) concentrations after once daily application to the faces of patients with photodamaged skin at weeks 36, and 52.
2. Evaluate population pharmacokinetics of tazarotenic acid.

Study Design:

The current study was a 52-week multi-center study with a 24-week double-blind, randomized, vehicle-controlled, parallel-group comparison phase followed by a 28-week open-label phase.

During the 24-week double-blind period, patients with photodamaged facial skin applied either tazarotene cream 0.1% or tazarotene cream vehicle once daily to their faces. Blood samples were collected from 125 patients from five selected sites at week 2, 12, and 24 visits for the determination of plasma tazarotenic acid concentrations (Study 190168-033C, Report PK-01-012). Pharmacokinetic analyses were performed on data collected from 60 patients (54 females and 6 males) in the tazarotene cream 0.1% treatment group, and from 65 patients (56 females and 9 males) in the tazarotene cream vehicle treatment group.

During the 28-week open-label period, all patients with photodamaged facial skin applied tazarotene cream 0.1% once daily to their faces. Blood samples were collected from 106 patients from five selected sites at weeks 36 and 52 visits for the determination of plasma tazarotenic acid (TA) concentrations. Among these 106 patients, 48 patients (42 females and 6 males) were in the tazarotene cream 0.1% treatment group, and 58 patients (49 females and 9 males) were in the tazarotene cream vehicle treatment group during the 24-week double-blind period. On the designated visit day, patients received the morning dose in the clinic and were instructed to return 3 to 10 hours later for the collection of a pharmacokinetic blood sample.

The log-transformed plasma tazarotenic acid concentrations were compared between weeks 36 and 52, using a paired T-Test approach (SAS PROC MEANS) to evaluate if

drug concentrations might have changed from weeks 36 to 52. Exploratory analyses were also performed to examine if tazarotenic acid concentrations might correlate with patient age, body weight, body surface area, blood sampling time, and amount of tazarotene cream applied. Log-transformed plasma tazarotenic acid concentrations at weeks 36 and 52 were treated as the response (dependent) variables, while age, body weight, body surface area, blood sampling time, and amount of tazarotene cream applied were treated as independent variables. Gender effect was not formally investigated due to unbalanced sample size (male = 14, female = 84 to 86; Table I).

Results:

Double blind 24-week Study

The average amount of tazarotene cream applied to the face of patients in the tazarotene cream 0.1% treatment group was approximately 300 mg (median amount is 255 mg, mean \pm SD = 328 \pm 267 mg).

All but six (173 out of 179 samples) plasma tazarotenic acid concentrations in samples from the vehicle cream treatment group were below LLOQ of tazarotenic acid (μ g/mL). In general, these six above LLOQ concentrations were very close to the LLOQ and are considered background noise. Patient 1173 (site 3259 at week 24) had a tazarotenic acid concentration of 109 μ g/mL. This study site permitted patients to apply the cream under open-labeled conditions rather than under blinded conditions. This might have contributed to this finding and the study result is questionable.

All plasma tazarotenic acid concentrations were quantifiable in the tazarotene cream 0.1% treatment group (159 samples). The single highest plasma tazarotenic acid concentration throughout the study period was 423 μ g/mL at week 24 from patients 1070 and 1430).

Mean \pm SD (Maximum, Median) plasma tazarotenic acid concentrations (ng/mL) from the tazarotene cream 0.1% treatment group at weeks 2, 12, and 24 are summarized in the following Table I. There were no significant differences among week 2, 12, and 24 tazarotenic acid concentrations. Exploratory analysis indicated a possible correlation between patient age and tazarotenic acid plasma concentration but not with patient weight and body surface area. The drug concentration appeared to be similar between male and female patients.

Table I: Mean±SD (Maximum, Median) plasma tazarotenic acid concentrations (ng/mL) from the tazarotene cream 0.1% treatment group at weeks 2, 12, and 24

	Week 2	Week 12	Week 24
From all female and male patients	0.092 ± 0.073 (N = 55) Median = 0.072 Max = 0.310	0.108 ± 0.081 (N = 54) Median = 0.079 Max = 0.385	0.108 ± 0.098 (N = 50) Median = 0.072 Max = 0.423
From all female patients	0.095 ± 0.075 (N = 50) Median = 0.070 Max = 0.310	0.109 ± 0.082 (N = 48) Median = 0.079 Max = 0.385	0.104 ± 0.089 (N = 44) Median = 0.072 Max = 0.423
From all male patients	0.071 ± 0.054 (N = 5) Median = 0.073 Max = 0.144	0.107 ± 0.078 (N = 6) Median = 0.105 Max = 0.209	0.135 ± 0.161 (N = 6) Median = 0.059 Max = 0.423

Relationship between plasma tazarotenic acid concentration versus blood sampling time and versus the amount of tazarotene cream 0.1% applied in patients in the active drug treatment group were investigated.

The summary of results of linear regression analyses of age, body weight, body surface area, blood sampling time, amount of cream applied with plasma tazarotenic acid concentrations are presented in Table II: Exploratory analyses indicate a possible correlation between patient age and amount of cream applied with tazarotenic acid plasma concentration. There was no apparent correlation between drug concentrations and patient weight, body surface area and the blood sampling time.

Table II. Summary of linear regression analyses results relating tazarotenic acid concentrations to other variables of patients with photodamaged skin receiving tazarotene cream 0.1% to the face once-daily up to 24 weeks

Dependent Variable	Independent Variable	p-value for the slope
tazarotenic acid at week 2	age	0.0228 (N = 55)
tazarotenic acid at week 12	age	0.0308 (N = 54)
tazarotenic acid at week 24	age	0.0555 (N = 50)
tazarotenic acid at week 2	body weight	0.7598 (N = 55)
tazarotenic acid at week 12	body weight	0.7344 (N = 54)
tazarotenic acid at week 24	body weight	0.6318 (N = 50)
tazarotenic acid at week 2	body surface area	0.5079 (N = 55)
tazarotenic acid at week 12	body surface area	0.6491 (N = 54)
tazarotenic acid at week 24	body surface area	0.6904 (N = 50)
tazarotenic acid at weeks 2, 12, and 24	Blood sampling time	0.4625 (N = 159)
tazarotenic acid at weeks 2, 12, and 24	Amount of cream applied	0.0013 (N = 156)

Open-label 28-week Study

Pharmacokinetic analyses were performed on data collected from 106 patients (91 females and 15 males) during the 28-week open-label period. Among these 106 patients, 103 were Caucasian, one was Asian, and two were Hispanic. The demographics data summary is presented below. Among these 106 patients, 48 patients (42 females and 6 males) were in the tazarotene cream 0.1% treatment group, and 58 patients (49 females and 9 males) were in the tazarotene cream vehicle treatment group during the 24-week double-blind period. The average amount of tazarotene cream applied to the face of all patients at weeks 36 and 52 visits was approximately 350 mg (median amount is 240 mg; mean \pm SD = 350 \pm 350 mg, N = 200).

Demographics Data Summary for Weeks 36 and 52

Variable	N	Mean	SD	%Coeff of Variation	Minimum	Maximum	Median
Age (year)	106	56.59	11.86	20.95	33.00	81.00	57.00
Weight (Kg)	106	69.65	14.63	21.01	44.00	117.94	68.04
Height (cm)	106	165.91	8.40	5.06	147.32	193.04	165.10
BSA (m ²)	106	1.77	0.20	11.12	—	—	1.75
Sampling Time (Hr)	197	4.25	1.19	27.91	—	—	4.00
Amount Applied (g)	200	0.35	0.35	100.69	—	—	0.24

List of plasma tazarotenic acid concentration, blood sampling time, and amount of cream applied at weeks 36 and 52 in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily is presented below.

Listing of Time and Amount of Dose Applied, and Plasma Tazarotenic Acid Concentrations (pg/mL) at Weeks 36 and 52

Obs	WEEK	Study SITE ID	Patient Number	Time after Dosing (hr)	Amount of Cream Applied (gram)	Tazarotenic Acid Concentration (pg/mL)
1	36	1964	1041	7.00	0.23	146
2	36	1964	1042	3.83	0.43	62.0
3	36	1964	1043	4.58	0.28	140
4	36	1964	1047	4.00	0.34	54.0
5	36	1964	1048	3.92	0.11	112
6	36	1964	1049	4.08	0.69	415
7	36	1964	1050	7.83	0.20	65.0
8	36	1964	1051	3.25	0.57	155
9	36	1964	1052	4.42	0.18	79.9
10	36	1964	1053	3.00	0.46	150
11	36	1964	1055	4.50	0.24	41.2
12	36	1964	1058	3.08	0.21	93.6
13	36	1964	1059	4.75	0.33	60.2

14	36	1964	1401	9.33	0.32	115
15	36	1964	1402	3.33	0.40	37.2
16	36	1964	1403	4.42	0.36	226
17	36	1964	1404	3.00	0.24	66.8
18	36	1964	1405	3.17	0.32	146
19	36	1964	1406	3.33	0.31	16.6
20	36	1964	1411	4.17	0.78	64.8
21	36	1964	1412	3.33	0.20	74.6
22	36	1964	1417	4.75	0.95	300
23	36	1964	1419	3.92	0.58	128
24	36	1964	1420	3.92	0.21	65.2
25	36	1964	1422	6.08	0.34	97.6
26	36	1964	1426	3.08	0.10	111
27	36	1964	1427	5.28	0.15	111
28	36	1964	1429	4.00	0.20	111
29	36	1964	1430	3.42	0.90	705
30	36	1964	1431	5.58	0.32	68.1
31	36	2420	1001	3.57	0.35	66.5
32	36	2420	1002	3.10	1.49	83.0
33	36	2420	1003	3.83	0.25	118
34	36	2420	1004	3.00	0.53	19.9
35	36	2420	1007	4.72	0.86	536
36	36	2420	1008	4.72	0.48	90.1
37	36	2420	1010	4.28	0.06	12.1
38	36	2420	1011	4.05	0.22	170
39	36	2420	1014	4.25	0.14	48.4
40	36	2420	1015	3.67	0.22	383
41	36	2420	1017	4.42	0.15	159
42	36	2420	1019	4.62	0.20	80.6
43	36	2420	1020	4.22	0.41	140
44	36	2420	1021	3.47	0.12	110
45	36	2420	1022	4.92	0.36	268
46	36	2420	1024	3.32	0.17	98.9
47	36	2420	1028	4.67	0.06	29.4
48	36	2420	1031	3.98	0.26	123
49	36	2420	1032	6.55	0.18	20.2
50	36	2420	1034	6.00	0.43	385
51	36	2420	1035	5.08	0.31	44.5
52	36	2420	1036	3.60	0.52	40.9
53	36	2420	1037	5.38	0.24	221
54	36	2420	1038	3.15	0.15	36.0
55	36	2420	1039	5.08	0.31	115
56	36	3244	1221	3.00	0.20	41.7
57	36	3244	1222	3.13	0.20	56.4
58	36	3244	1224	5.08	0.10	69.9
59	36	3244	1225	3.03	0.20	50.5
60	36	3244	1227	5.00	0.30	199
61	36	3244	1229	4.00	0.10	34.7
62	36	3244	1232	3.53	0.20	68.2
63	36	3244	1233	3.22	0.10	83.1
64	36	3244	1234	3.50	0.10	51.1
65	36	3244	1236	3.25	0.10	6.86
66	36	3244	1237	4.58	0.10	156
67	36	3244	1238	3.42	0.20	55.1
68	36	3244	1239	3.08	0.30	20.2
69	36	3244	1240	3.33	0.10	6.43
70	36	3244	1533	4.42	0.10	30.2
71	36	3244	1534	2.67	0.50	62.7
72	36	3244	1536	2.63	0.20	54.4
73	36	3244	1541	5.00	0.10	43.1
74	36	3244	1544	4.00	0.20	87.0
75	36	3259	1162	5.30	0.16	64.7
76	36	3259	1173	2.42	0.19	161
77	36	3259	1174	3.00	0.30	50.2
78	36	3259	1175	3.92	0.38	43.8
79	36	3259	1176	5.20	0.14	37.7

80	36	3259	1179	4.92	0.12	41.3
81	36	3259	1558	2.92	0.16	10.9
82	36	3260	1061	5.93	0.54	131
83	36	3260	1062	3.62	0.24	174
84	36	3260	1063	3.67	0.21	49.6
85	36	3260	1066	.	0.40	211
86	36	3260	1068	3.68	0.62	194
87	36	3260	1070	4.25	0.11	35.0
88	36	3260	1072	3.08	0.44	66.4
89	36	3260	1075	2.67	0.10	41.6
90	36	3260	1077	3.25	0.14	65.5
91	36	3260	1078	3.00	0.40	119
92	36	3260	1080	3.92	0.33	51.9
93	36	3260	1435	4.17	1.09	22.5
94	36	3260	1438	4.77	0.43	58.3
95	36	3260	1440	8.67	0.19	57.7
96	36	3260	1441	3.47	0.42	281
97	36	3260	1443	4.50	0.94	61.9
98	36	3260	1445	4.08	1.07	313
99	52	1964	1041	5.63	0.24	193
100	52	1964	1042	7.92	0.35	76.6
101	52	1964	1043	3.70	0.43	72.0
102	52	1964	1044	3.25	0.16	8.53
103	52	1964	1047	3.67	0.85	129
104	52	1964	1048	3.15	0.18	62.5
105	52	1964	1049	3.83	0.66	340
106	52	1964	1050	7.08	0.25	120
107	52	1964	1051	3.17	0.49	31.3
108	52	1964	1052	3.33	0.09	37.7
109	52	1964	1053	3.83	0.62	191
110	52	1964	1054	3.42	0.11	33.4
111	52	1964	1055	3.00	0.12	82.6
112	52	1964	1058	3.17	0.10	22.4
113	52	1964	1059	3.28	0.52	188
114	52	1964	1401	8.50	0.24	63.6
115	52	1964	1402	3.25	0.18	51.5
116	52	1964	1403	5.00	0.29	176
117	52	1964	1404	3.25	0.23	38.4
118	52	1964	1405	3.00	0.26	193
119	52	1964	1406	3.75	0.34	18.4
120	52	1964	1407	3.75	0.49	96.1
121	52	1964	1408	3.92	0.39	168
122	52	1964	1411	3.75	0.86	60.7
123	52	1964	1412	3.92	0.12	61.4
124	52	1964	1413	5.00	0.35	131
125	52	1964	1417	5.25	0.48	160
126	52	1964	1420	4.08	0.20	27.7
127	52	1964	1422	5.50	0.08	30.5
128	52	1964	1426	5.27	0.24	82.5
129	52	1964	1427	3.83	0.66	72.6
130	52	1964	1429	3.00	0.51	70.7
131	52	1964	1430	6.33	0.72	583
132	52	1964	1431	3.42	0.23	71.5
133	52	2420	1001	4.08	0.54	21.0
134	52	2420	1002	3.83	0.25	87.5
135	52	2420	1003	4.30	0.21	113
136	52	2420	1004	4.33	0.27	78.7
137	52	2420	1007	5.75	0.24	318
138	52	2420	1008	5.53	0.25	65.9
139	52	2420	1010	5.17	0.12	25.7
140	52	2420	1011	5.07	0.15	237
141	52	2420	1014	4.48	0.21	120
142	52	2420	1015	4.00	0.15	203
143	52	2420	1017	4.33	0.23	226
144	52	2420	1019	5.25	0.29	85.3
145	52	2420	1020	3.28	1.35	85.2

146	52	2420	1022	5.83	1.17	486
147	52	2420	1024	4.08	0.15	62.4
148	52	2420	1028	4.17	0.22	20.4
149	52	2420	1031	4.08	0.26	76.8
150	52	2420	1032	4.88	1.19	56.5
151	52	2420	1033	7.25	0.41	57.8
152	52	2420	1034	4.70	0.36	263
153	52	2420	1035	4.50	0.29	40.3
154	52	2420	1036	4.13	0.12	17.1
155	52	2420	1037	4.67	0.32	146
156	52	2420	1038	3.58	0.16	33.6
157	52	2420	1039	4.00	0.31	56.2
158	52	3244	1221	3.75	0.30	51.5
159	52	3244	1222	4.03	0.30	17.0
160	52	3244	1224	3.25	0.20	128
161	52	3244	1225	3.92	0.10	42.8
162	52	3244	1227	3.33	0.50	116
163	52	3244	1229	3.95	0.10	17.4
164	52	3244	1232	4.30	0.20	46.5
165	52	3244	1233	3.70	0.20	103
166	52	3244	1234	4.63	0.30	78.7
167	52	3244	1236	3.42	0.10	24.9
168	52	3244	1237	4.17	0.10	46.3
169	52	3244	1238	3.67	0.30	72.3
170	52	3244	1239	4.50	0.10	BLQ
171	52	3244	1240	4.20	0.10	19.0
172	52	3244	1533	4.08	0.10	22.0
173	52	3244	1534	3.00	0.10	29.2
174	52	3244	1536	2.92	0.20	60.7
175	52	3244	1541	4.17	0.10	60.4
176	52	3244	1544	5.33	0.10	151
177	52	3259	1162	3.50	0.21	45.9
178	52	3259	1173	2.97	0.26	131
179	52	3259	1174	3.83	0.19	170
180	52	3259	1175	5.33	0.30	53.6
181	52	3259	1176	3.42	0.18	18.5
182	52	3259	1179	6.33	0.35	33.5
183	52	3259	1180	3.27	0.38	14.6
184	52	3260	1061	5.83	0.95	159
185	52	3260	1062	3.23	0.11	101
186	52	3260	1063	3.17	0.23	38.2
187	52	3260	1066	3.17	0.07	13.0
188	52	3260	1068	4.33	0.03	151
189	52	3260	1070	5.22	0.52	179
190	52	3260	1072	.	0.51	137
191	52	3260	1075	5.50	0.07	55.0
192	52	3260	1077	.	0.00	BLQ
193	52	3260	1078	4.37	0.95	59.7
194	52	3260	1080	3.75	0.92	60.7
195	52	3260	1435	7.00	1.10	16.6
196	52	3260	1438	6.23	0.69	105
197	52	3260	1440	3.50	0.24	20.8
198	52	3260	1443	5.92	0.34	58.7
199	52	3260	1444	3.08	1.09	115
200	52	3260	1445	6.17	3.57	151

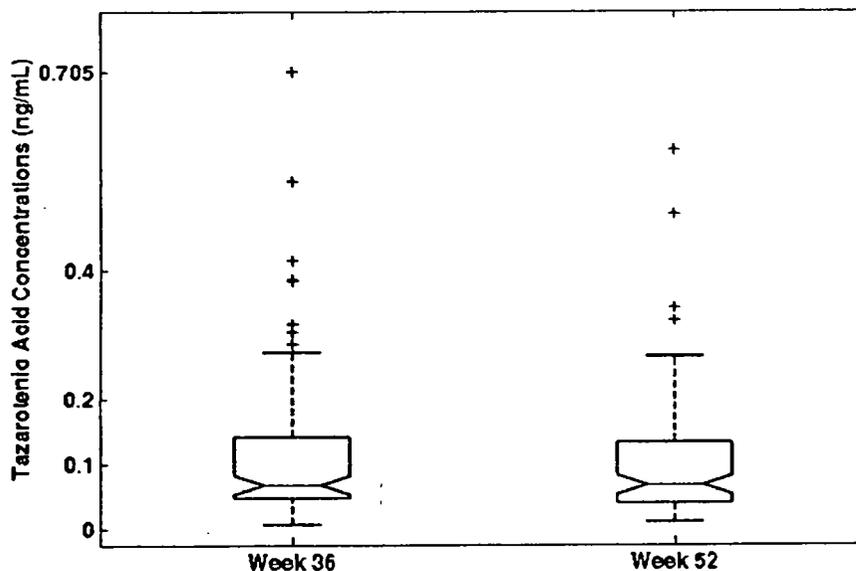
The single highest plasma tazarotenic acid concentration throughout the study period was 0.705 ng/mL at week 36 from patient 1430 who was in the tazarotene cream 0.1% treatment group during the 24-week double-blind period. Observed plasma tazarotenic acid concentrations from different collection periods are illustrated in Figure 1. Mean plasma tazarotenic acid concentrations were not statistically significantly different

between weeks 36 and 52, indicating tazarotenic acid concentrations were steady over the 28-week open-label time period ($p = 0.1124$). Further analysis of the data stratified by gender and by patients entered in the open-label study from tazarotene treatment group or vehicle group from the preceding 24-week double blind study is summarized in Table III.

Table III: Mean \pm SD (Maximum, Median) plasma tazarotenic acid concentrations (ng/mL) at Weeks 36 and 52

	Week 36	Week 52
From all female and male patients	0.112 \pm 0.112 (N = 98) Median = 0.068, Max = 0.705	0.097 \pm 0.093 (N = 100) Median = 0.068, Max = 0.583
From all female patients	0.115 \pm 0.115 (N = 84) Median = 0.072, Max = 0.705	0.096 \pm 0.088 (N = 86) Median = 0.072, Max = 0.583
From all male patients	0.090 \pm 0.091 (N = 14) Median = 0.062, Max = 0.313	0.102 \pm 0.121 (N = 14) Median = 0.063, Max = 0.486
From all patients in the taz cream group during the 24-week double-blind period	0.127 \pm 0.142 (N = 46) Median = 0.067, Max = 0.705	0.110 \pm 0.104 (N = 47) Median = 0.073, Max = 0.583
From all patients in the vehicle group during the 24-week double-blind period	0.098 \pm 0.076 (N = 52) Median = 0.069, Max = 0.385	0.085 \pm 0.081 (N = 53) Median = 0.061, Max = 0.486

Figure 1. Summary of plasma tazarotenic acid concentrations at weeks 36 and 52 in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period



1. The lower and upper lines of the "box" are the 25th and 75th percentiles of the sample. The distance between the top and bottom of the box is the interquartile range.
2. The line in the middle of the box is the sample median. If the median is not centered in the box, that indicates that the data are skewed.
3. The "whiskers" are lines extending above and below the box. They show the extent of the rest of the sample (unless there are outliers). Assuming no outliers, the maximum of the sample is the top of the upper whisker. The minimum of the sample is the bottom of the lower whisker. By default, an outlier is a value that is more than 1.5 times the interquartile range away from the top or bottom of the box.
4. The plus sign at the top or bottom of the plot is an indication of an outlier in the data.

Mean±SD (Maximum, Median) plasma tazarotenic acid concentrations (ng/mL) at Weeks 2, 12, 24, 36 and 52 from all patients who received tazarotene cream 0.1% treatment during both 24-week double-blind period and 28-week open-label period are summarized in Table IV below.

Table IV: Mean±SD (Maximum, Median) plasma tazarotenic acid concentrations (ng/mL) at Weeks 2, 12, 24, 36 and 52 from all patients who received tazarotene cream 0.1% treatment during both 24-week double-blind period and 28-week open-label period

Week 2	Week 12	Week 24	Week 36	Week 52
0.092 ± 0.073 (N = 55) Median = 0.072 Max = 0.310	0.108 ± 0.081 (N = 54) Median = 0.079 Max = 0.385	0.108 ± 0.098 (N = 50) Median = 0.072 Max = 0.423	0.127 ± 0.142 (N = 46) Median = 0.067 Max = 0.705	0.110 ± 0.104 (N = 47) Median = 0.073 Max = 0.583

In all patients who received tazarotene cream 0.1% treatment during both 24-week double-blind period and 28-week open-label period, plasma tazarotenic acid concentrations at weeks 2, 12, 24, 36 and 52 were similar, indicating topical dosing of tazarotene cream 0.1% does not result in systemic accumulation of drug over 52 weeks.

The regression plots of age, body weight, body surface area, blood sampling time, and amount of tazarotene cream applied with plasma tazarotenic acid concentrations are presented in Figures 2, 3, 4, 5 and 6 respectively. The summary of results linear regression analyses are presented in Table V: Exploratory analyses indicate possible correlations between tazarotenic acid plasma concentration and patient age, blood sampling time, and amount of cream applied. There was no apparent correlation between drug concentrations and patient weight, and to body surface area.

Table V: Summary of linear regression analyses results relating tazarotenic acid concentrations to while age, body weight, body surface area, blood sampling time, and amount of tazarotene cream applied of patients with photodamaged skin receiving tazarotene cream 0.1% to the face once-daily during the 28 weeks open-label period.

Dependent Variable		Independent Variable	Slope	p-value for the slope
Log-transformed tazarotenic acid concentration at	Week 36	Age (yr)	0.0206	0.0057 (N = 98)
	Week 52	Age (yr)	0.0173	0.0171 (N = 100)
	Week 36	Body weight (kg)	-0.0064	0.2826 (N = 98)
	Week 52	Body weight (kg)	-0.0019	0.7458 (N = 100)
	Week 36	Body surface area (m ²)	-0.5498	0.2178 (N = 98)
	Week 52	Body surface area (m ²)	-0.1305	0.7661 (N = 100)
	Weeks 36 and 52	Blood sampling time (hr)	0.1317	0.0114 (N = 200)
	Weeks 36 and 52	Amount dose applied (g)	0.6661	0.0001 (N = 200)

Figure 2. Regression plots of *age* with plasma tazarotenic concentrations at weeks 36 and 52 in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period

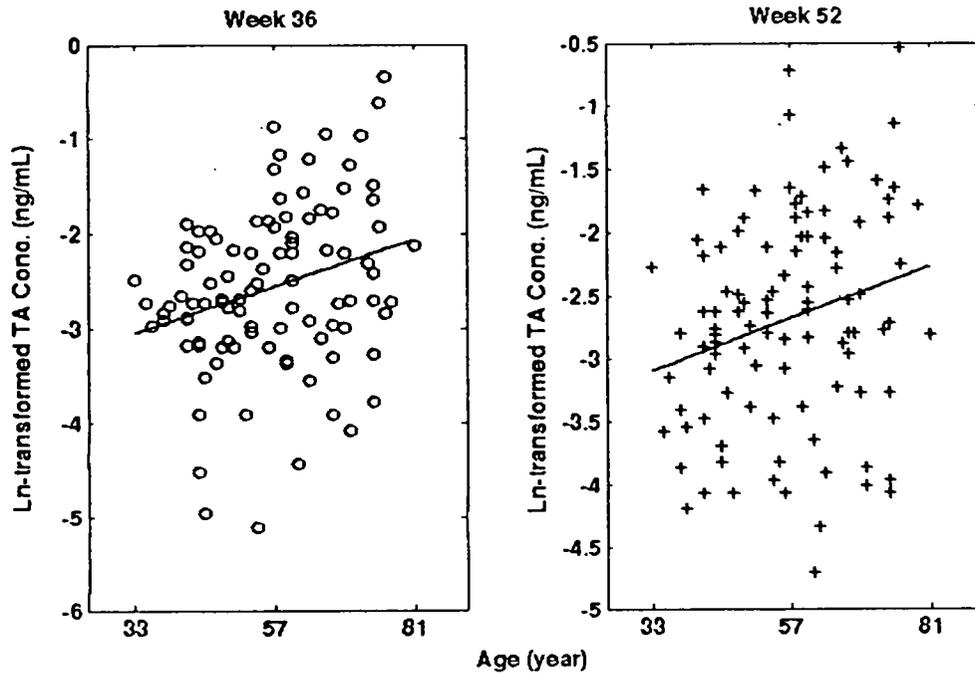


Figure 3. Regression plots of *body weight* with plasma tazarotenic concentrations at weeks 36 and 52 in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period

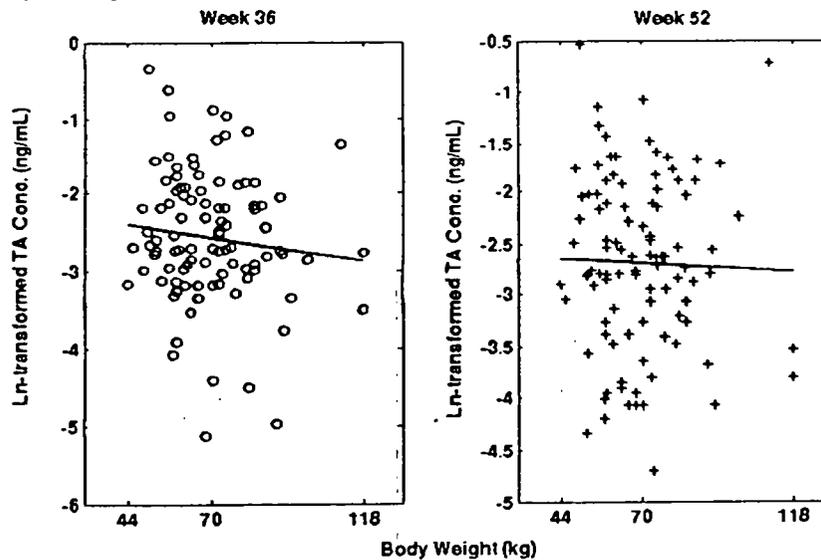


Figure 4. Regression plots of *body surface area* with plasma tazarotenic concentrations at weeks 36 and 52 in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period

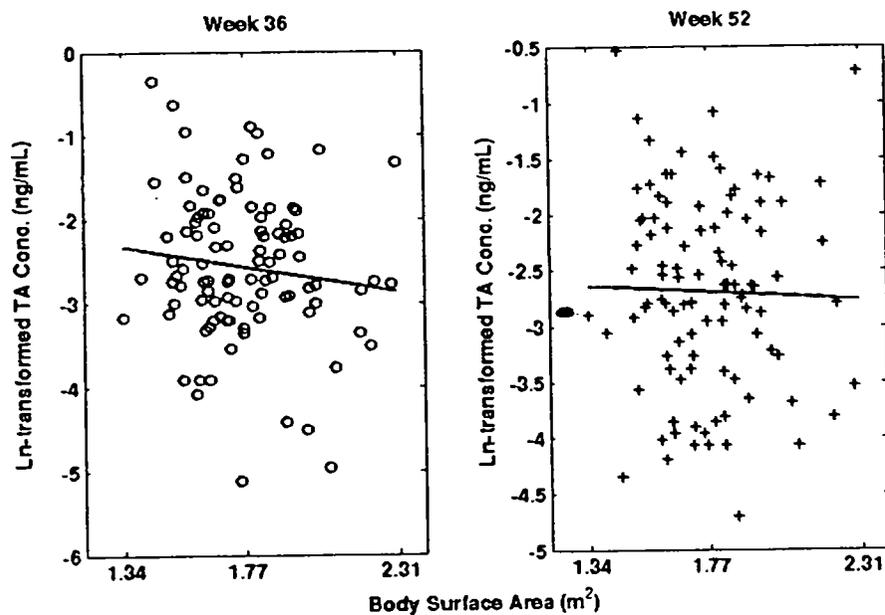


Figure 5. Relationships between plasma tazarotenic acid concentration and *blood sampling time* in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period

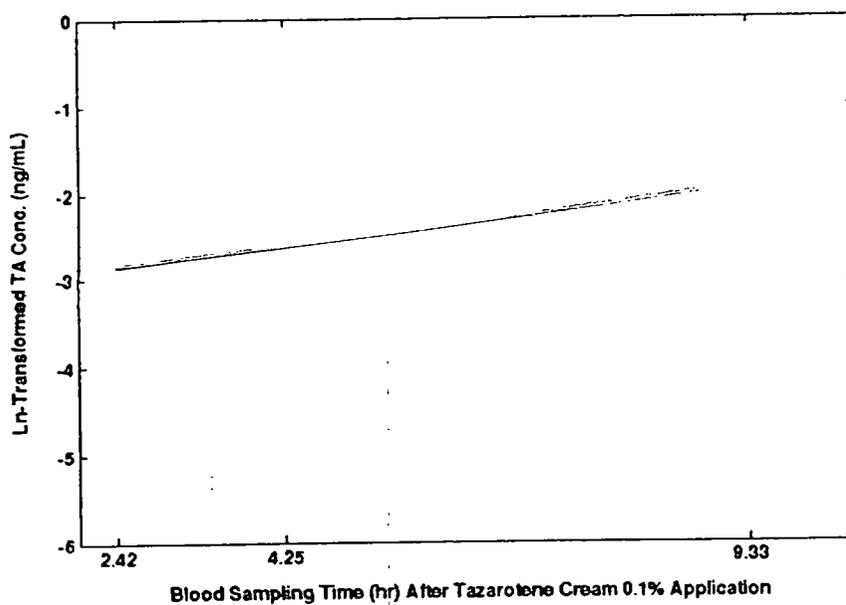
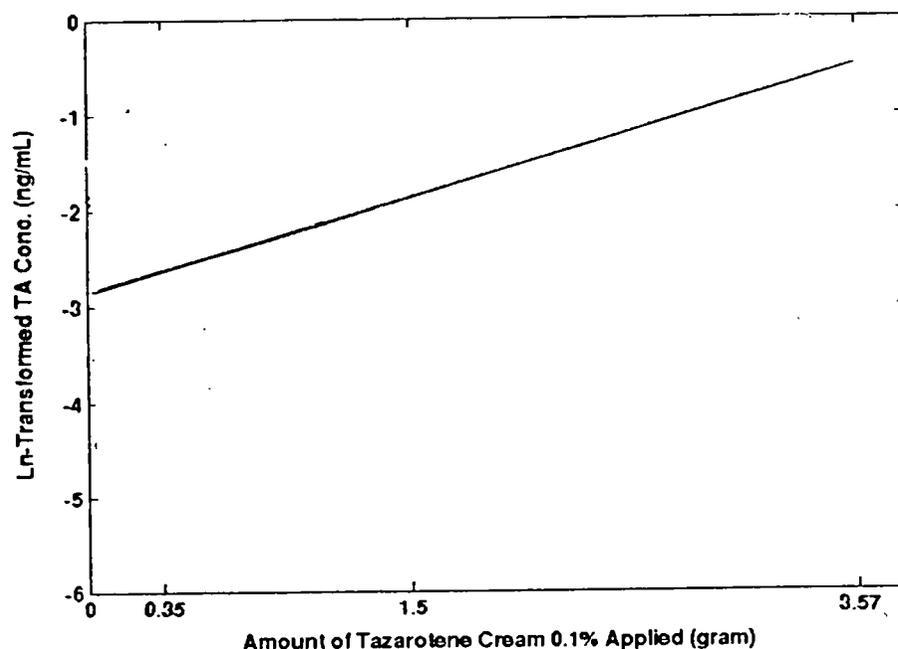


Figure 6. Relationships between plasma tazarotenic acid concentration and amount of tazarotene cream 0.1% applied in patients with photodamaged skin receiving tazarotene cream 0.1% to the face once daily during 28 weeks open-label study period



Discussion

Plasma drug concentration is an indicator of systemic drug exposure after dosing. The current Therapeutic Drug Monitoring (TDM) report characterizes the 3 to 10 hour tazarotenic acid plasma concentrations after once-daily application to the faces of patients with photodamaged skin at weeks 36, and 52 during the 28-week open-label period, and evaluates the population pharmacokinetics of tazarotenic acid.

The study results demonstrate that the plasma tazarotenic acid concentration is very low following topical application of tazarotene cream 0.1% in patients with photodamaged skin. The magnitude of systemic exposure to tazarotenic acid from topical tazarotene application is lower than endogenous tretinoin and active metabolite concentrations which are approximately 1 to 4 ng/mL in humans. Fairly constant tazarotenic acid concentration over 52-week period suggests little potential for drug accumulation during long-term therapy.

A comparison of systemic tazarotenic acid concentrations observed in this study with acne vulgaris study in an similar dosing regimen (Allergan PKDM Report PK-00-084) is summarized below. In the acne study, the plasma tazarotenic acid concentrations in selected patients at weeks 4 and 8 were 0.078 ± 0.073 ng/mL (N = 47) and 0.052 ± 0.037 ng/mL (N = 42), respectively. The highest individual plasma tazarotenic acid concentration was 0.41 ng/mL at Week 4. In the current study, tazarotenic acid concentrations at weeks 36 and 52 were 0.112 ± 0.112 (N = 98) and 0.097 ± 0.093 ng/mL (N = 100), respectively. The highest individual concentration was 0.705 ng/mL. In the acne study, there was an apparent drop in plasma concentration between weeks 4 ($78 \pm$

73 pg/mL) and week 8 (52 ± 37 pg/mL) of tazarotenic acid, which may be expected from topical therapy where improved efficacy may mean improvement of barrier function of the skin, which leads to lower plasma concentration in subsequent weeks. In the current study, no such drop is apparent between week 2 to week 52. Plasma concentration remains fairly constant across the study period. In absence of respective efficacy data, it is not possible to correlate plasma concentration with efficacy outcome. Though from the mean tazarotenic concentration data it appears that drug absorption from patients with photodamaged skin is little higher than patients with acne vulgaris, the extent of large variability in all those data makes the differences indistinguishable.

Indication	Area	Mean \pm SD Concentration (ng/mL) at	
		Week 4	Week 8
Acne vulgaris	Face only	0.078 ± 0.073 (N = 47)	0.052 ± 0.037 (N = 42)
Photodamaged skin	Face only	0.112 ± 0.112 (N = 98)	0.097 ± 0.093 (N = 100)

The lack of correlation with body weight and surface area further support that systemic drug exposure to tazarotenic acid is low and predictable.

Conclusions

After topical application of tazarotene cream 0.1% once daily for 28 weeks in 106 patients with photodamaged facial skin during the 28-week open-label period:

- Topical dosing of tazarotene cream 0.1% does not result in systemic accumulation of drug over time.
- The single highest observed tazarotenic acid concentration throughout the 28 weeks study period was 0.705 ng/mL on week 36 from one female patient. The mean \pm SD values of tazarotenic acid at weeks 36 and 52 were 0.112 ± 0.112 ng/mL (N = 98) and 0.097 ± 0.093 ng/mL (N = 100), respectively.

Reviewer's Comments:

- *An apparently significant correlation between drug concentration and patient age has been found in both double-blind and open-label phases. However, maximum individual patient concentrations in double-blind and open-label phases were 0.423 0.705 ng/ml respectively. Therefore, such finding has no practical significance.*
- *Another apparently significant correlation has been found between drug concentration and amount of tazarotene cream 0.1% applied in both double-blind and open-label phases. However, respective profiles reveal very few isolated cases of higher amount (~ 3.5 g) which may have skewed the correlation outcome. Taking that point out of the graphs as outlier should make the correlation look insignificant. Nevertheless, direction for use of any topical cream always emphasizes that a thin layer should be applied to the affected area.*

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/s/

Tapash Ghosh
3/20/02 04:13:15 PM
BIOPHARMACEUTICS

Dennis Bashaw
3/28/02 04:43:59 PM
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