**New Products**

**QILIB HAIR CARE LINE FROM GALDERMA**
Galderma Laboratories, L.P., launched qilib Hair Regrowth + Revitalization System and qilib Hair Health Reinforcement Biotin + Multivitamin Supplement to address hair thinning and hair loss. The Hair Regrowth Treatment contains prescription-strength minoxidil specifically formulated for men (5% minoxidil) or women (2% minoxidil), and the Hair Revitalizing Solution is formulated with natural botanicals. When used as directed, 70 percent of male and more than 75 percent of female participants were “satisfied with overall improvement” at 12 weeks of use. Both the Hair Regrowth Treatment and the Hair Revitalizing Solution come in an easy-to-use spray bottle. qilib Hair Health Reinforcement Biotin + Multivitamin Supplement is made up of 5,000 mcg biotin and multiple vitamins. Galderma.com

**CIPHER LAUNCHES BIONECT FOAM**
Cipher Pharmaceuticals’ prescription topical Bionect is now available in the US in a lightweight foam preparation that holds its shape until application. Bionect Foam has the same moisturizing and healing properties of Bionect cream and gel. It features Low Molecular Weight Hyaluronic Acid, which is naturally present in the skin and has been shown in studies to reduce signs and symptoms of inflammation and stimulate healing. As a non-steroidal, Bionect Foam is well-suited for safely dressing and managing dermal ulcers, wounds, post-operative incisions, first- and second-degree burns and, other skin irritations. It also offers a non-abrasive foam option for hard-to-reach places such as hair-bearing areas and skin folds. cipherpharma.com

**SCITON INTRODUCES THE DIVA**
Energy-based devices for vaginal rejuvenation represent a growing dermatologic category, and the latest member of the crew is Sciton’s diVa. Introduced at the 2016 American Academy of Dermatology (AAD)’s annual meeting in Washington DC, diVa is an automated hybrid fractional laser that works on the JOULE platform. With High Precision Automation, diVa takes less than five minutes to perform. The device has US Food and Drug Administration clearance for the ablation and coagulation of soft tissue. sciton.com

**CUTERA TAKES ON TAT REGRET**
Requests for laser tattoo removal are at an all-time high, and Cutera’s enlighten, a picosecond plus nanosecond laser, is the company’s first foray into tat removal. Enlighten comprises dual wavelength (1064 nm + 532 nm) and dual pulse duration (750 ps + 2 ns) to remove benign pigmented lesions and unwanted tattoos. “With enlighten, practitioners are much closer to utilizing a single device for the vast majority of tattoo removal procedures,” says Michael S. Kaminer, MD, a board-certified dermatologist and managing partner of SkinCare Physicians in Chestnut Hill, MA, at an event during the 2016 AAD meeting. “The ability to independently adjust pulse duration, wavelength, and spot size while delivering therapeutic energy significantly advances tattoo-removal therapy and treatment for benign pigmented lesions.” cutera.com

**GLYTONE AND AVÈNE STORM THE 2016 SCENE**
Everything old is new again and then some at Glytone and Avène. The skincare company started 2016 strong with launch of their re-formulated au Thermale Avène TriAcnéal DAY Mattifying Lotion and Eau Thermale Avène TriAcnéal NIGHT Smoothing Lotion. The New Glytone Enhance Brightening Complex debuted at the 2016 AAD meeting. Come April 15, the company will roll out three upgraded additions to the Eau Thermale Avène RetrinAL line including ADVANCED Wrinkle Corrector, Eau Thermale Avène RetrinAL DAY Cream, and Eau Thermale Avène RetrinAL EYES Eye Contour Care. Glytone by Ducray’s new male hair loss Neoptide will also be rolled out mid-April 2016. glytone-usa.com
ENVY MEDICAL INTRODUCES SILKPEEL DAILY DERMAL OPTIMIZER

Envy Medical, Inc., launched its SilkPeel Daily Dermal Optimizer. Building off of the professional SilkPeel Diamond Dermalinfusion treatment, the SilkPeel Daily Dermal Optimizer is formulated to allow the brightening, hydrating effects of the in-office treatment to be delivered at home, enhancing skin-refining benefits after the in-office treatment has been completed. The oil-free lotion works in synergy with the SilkPeel Diamond Dermalinfusion to nourish and protect skin post-procedure while delivering a mix of anti-aging and soothing ingredients. Silkpeel.com

CHLORADERM PEDIATRIC OFFERING

Entrotech life sciences announced the availability of FDA-Cleared ChloraDerm in a new 1.75”x 1.75” configuration, ideal for pediatric patient use. ChloraDerm is the only transparent film dressing containing the Chlorhexidine Advantage, a safe, colophony-and acid-free, edge-to-edge chlorhexidine matrix with effectiveness against multi-drug-resistant organisms, including MRSA for at least seven days. entrotechlifesciences.com

Therapeutic Focus: Psoriasis Update

ABBVIE BUYS RIGHTS TO BOEHRINGER PSORIASIS DRUG FOR $595 MILLION

AbbVie Inc. and Boehringer Ingelheim are collaborating to develop and commercialize BI 655066, an anti-IL-23 monoclonal biologic antibody in Phase 3 development for psoriasis. AbbVie has acquired the marketing rights for the experimental drug for an initial upfront payment of $595 million.

According to the companies, anti-IL-23 antibody demonstrated greater efficacy over ustekinumab in Phase 2 clinical studies with a potential for quarterly dosing.

In addition, AbbVie has gained rights to an anti-CD-40 antibody, BI 655064, currently in Phase 1 development. Boehringer Ingelheim will be responsible for further development of BI 655064, while AbbVie may elect to advance the program after completion of certain undisclosed clinical achievements.

In the initial period, both companies will share responsibility for future development of BI 655066. AbbVie will be responsible for commercialization of BI 655066, while Boehringer Ingelheim will retain an option to co-promote the compound in asthma. The companies plan to establish a joint Steering Committee for the development as well as the initial commercialization phase.

IXEKIZUMAB DEMONSTRATES HIGH LEVELS OFSKIN CLEARANCE

Eli Lilly and Company shared Phase 3 clinical trial data showing that patients with moderate-to-severe plaque psoriasis who did not respond to treatment with etanercept achieved significant improvement in their psoriasis plaques when treated with ixekizumab. Detailed results of the UNCOVER-2 study were presented during the 2016 American Academy of Dermatology (AAD) Annual Meeting in Washington, DC.

In UNCOVER-2, 64 percent (229/358) of patients treated with bi-weekly etanercept did not respond to treatment at 12 weeks. These nonresponders were treated with placebo at 12 weeks, then received ixekizumab every four weeks from Weeks 16 through 60. This study’s co-primary efficacy endpoints at 12 weeks of ixekizumab therapy were PASI 75 and sPGA 0 or 1.

Among those patients who did not respond to etanercept, the following was observed at 24 weeks of the study, 12 weeks following treatment with ixekizumab:

• 83.5 percent of patients achieved PASI 75;
• 57 percent of patients achieved PASI 90;
• 22 percent of patients achieved complete resolution of psoriasis plaques (PASI 100).

At 48 weeks following treatment with ixekizumab, the following was also observed at week 60 of the study among those who did not respond to etanercept:

• 82.5 percent of patients achieved PASI 75
• 68.5 percent of patients achieved PASI 90;
• 43.5 percent of patients achieved complete resolution of psoriasis plaques (PASI 100).

Additionally, 73 percent of those patients who did not respond to etanercept achieved sPGA 0 or 1 12 weeks after starting treatment with ixekizumab.

The majority of treatment-emergent adverse events were mild or moderate. The safety profile after receiving ixekizumab treatment was comparable among patients who initially received etanercept and patients who initially received placebo in this clinical trial.

COSENTYX DEMONSTRATED SUSTAINED SUPERIORITY IN SKIN CLEARANCE

Novartis presented late-breaking data from the head-to-head CLEAR study, showing that Cosentyx (secukinumab) was superior in achieving a key secondary efficacy endpoint of near clear skin on the Psoriasis Area Severity Index (PASI 90) in significantly more moderate-to-severe psoriasis patients compared to ustekinumab at Week 52. These findings were presented for the first time at the 2016 AAD Meeting.
Cosentyx, a fully human interleukin-17A (IL-17A) antagonist, is approved to treat adult patients with moderate to severe plaque psoriasis, with almost 15,000 U.S. patients prescribed to date. Cosentyx also was recently FDA-approved for the treatment of psoriatic arthritis and ankylosing spondylitis.

Meeting the primary and all secondary endpoints at both Week 16 (PASI 90 response for the Cosentyx treatment group was 80.1 percent vs 59 percent for the Stelara treatment group; \(P<0.0001\)) and Week 52, Cosentyx demonstrated it remained superior to Stelara in achieving PASI 90 (76.2 percent vs. 60.6 percent; \(P<0.0001\)) at Week 52. As previously presented, this study also demonstrated 50.0% of Cosentyx patients achieved PASI 75 at Week 4 compared to 20.6 percent of Stelara patients (\(P<0.0001\)).

In an exploratory analysis, a higher percentage of Cosentyx patients achieved completely clear skin (PASI 100) compared to Stelara patients at Week 52 (45.9 percent vs. 35.8 percent; \(P=0.0103\).) Cosentyx also showed significantly greater Dermatology Life Quality Index (DLQI) 0/1 responses versus Stelara (71.6 percent vs. 59.2 percent; \(P=0.0008\)).

The safety profile of Cosentyx was consistent with previously reported Phase III trials and similar to Stelara.

**STEROIDS, STEROID/VITAMIN D COMBO BEST BETS FOR SCALP PSORIASIS**

Steroids and the two-compound combination of a steroid plus vitamin D are the most effective treatments for scalp psoriasis, according to a new Cochrane review.

Statistically, the combination product was more effective than the steroid alone, but clinically the benefit was questionable.

The new review included 59 randomized controlled trials with a total of 11,561 participants. Thirty studies were either conducted or sponsored by the manufacturer of the study medication. Most findings were limited to short-term treatments, since most studies were conducted for less than six months. Only one trial investigated long-term therapy (12 months). Most studies did not measure improvement in quality of life. The authors graded the quality of evidence to three major comparisons: steroid versus vitamin D, two-compound combination of steroid and vitamin D versus steroid monotherapy and versus vitamin D. There was not enough evidence to assess the efficacy and safety of other topical treatments, such as salicylic acid, tar or dithranol.

Going forward, long-term studies as well as those that assess quality of life are warranted, the review authors note. Other questions that remain include “Is there truly no difference in terms of effectiveness or safety between topical corticosteroids of different strength? Does the vehicle preparation have any influence on how the active agent works? Which topical treatment leads to disease control over a long time span without risking patient’s safety?”