Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Winlevi®
Common Name: clascoterone
PDL Category: Topical – Acne Preparations

Comparable Products	Preferred Drug List Status
Clindamycin Topical	Preferred with Conditions
Differin	Preferred with Conditions

Summary

Pharmacology/Usage: Clascoterone, the active ingredient of Winlevi®, is an androgen receptor inhibitor. The mechanism of action for its approved indication is not known.

Indication: For the topical treatment of acne vulgaris in patients 12 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates that there are no available data on use in pregnant women to assess for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. The safety and efficacy of use in the pediatric population under 12 years of age have not been established.

Dosage Form: Cream: 1% (each gram contains 10mg of clascoterone).

Recommended Dosage: For topical use only. Cleanse the affected area gently. After the skin is dry, apply a thin uniform layer of cream BID, in the morning and evening, to the affected area. Avoid accidental transfer into the eyes, mouth, or other mucous membranes. If contact with mucous membranes occurs, rinse thoroughly with water.

Drug Interactions: There are no drug interactions listed with this product.

Box Warning: There is no box warning listed with this product.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Winlevi®) minus reported % incidence for vehicle cream. Please note that an incidence of 0% means the incidence was the same as or less than vehicle.* The most frequently reported adverse events included edema (0.1%), erythema/redness (0%), pruritus (0%), scaling/dryness (0.1%), skin atrophy (0%), stinging/burning (0%), striae rubrae (1%), and telangiectasia (0%).

Winlevi® cream may induce local irritation (erythema/redness, pruritus, scaling/dryness). Concomitant use with other potentially irritating topical products (medicated or abrasive soaps and cleansers, soaps and cosmetics that

have a strong drying effect and products with high concentrations of alcohol, astringents, spices, or lime) should be limited.

This product should not be applied to cuts, abrasions, eczematous or sunburned skin.

Hypothalamic-pituitary-adrenal (HPA) axis suppression was observed and may occur during or after treatment with clascoterone. In the pharmacokinetic trial, all subjects returned to normal HPA axis function at follow-up 4 weeks after stopping treatment. Conditions which augment systemic absorption include use over large surface areas, prolonged use, and the use of occlusive dressings. If HPA axis suppression develops, an attempt should be made to withdraw the drug. Furthermore, pediatric patients may be more susceptible to systemic toxicity.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Sun Pharmaceutical Industries, Inc.

Analysis: The safety and efficacy of Winlevi® cream were assessed in two identically designed multicenter, randomized, double-blind, vehicle-controlled trials for the treatment of acne vulgaris that included subjects 12 years of age and older (N=1421) with facial acne vulgaris. The enrolled subjects had an Investigator's Global Assessment (IGA) of moderate or severe facial acne vulgaris (score of 3 or 4), 30 to 75 inflammatory lesions (papules, pustules, and nodules), and 30 to 100 non-inflammatory lesions (open and closed comedones).

Of the subjects enrolled, 641 were 12 to 17 years of age and 780 were 18 years of age or older. In addition, 62% of the subjects were female and 91% were Caucasian. At baseline, subjects had a mean inflammatory lesion count of 42.4 and a mean non-inflammatory lesion count of 61.4. In addition, about 83% of subjects had an IGA score of 3 (moderate).

Efficacy was assessed at week 12 by the proportion of subjects in each treatment group with at least a 2-point reduction in IGA compared to baseline and an IGA score of 0 (clear) or 1 (almost clear), absolute change and percent change from baseline in non-inflammatory and inflammatory lesions. The IGA success rate and mean absolute and percent reduction from baseline in acne lesion counts after 12 weeks of treatment for subjects 12 years of age and older can be found in the table below, which was adapted from the prescribing information.

	Trial 1		Trial 2	
	Winlevi® (N=342)	Vehicle (N=350)	Winlevi® (N=367)	Vehicle (N=362)
IGA Success[1]	18.8%	8.7%	20.9%	6.6%
Difference from vehicle	10.1%		14.3%	
NNT *calculated by CHC*	10		7	
Non-inflammatory lesions				
Mean Absolute Reduction	20.4	13.0	19.5	10.8
Difference from vehicle	7.3		8.7	
Mean percent reduction	32.6%	21.8%	29.6%	15.7%
Difference from vehicle	10.8%		13.8%	
Inflammatory Lesions				
Mean absolute reduction	19.3	15.4	20.1	12.6

	Trial 1		Trial 2	
	Winlevi® (N=342)	Vehicle (N=350)	Winlevi® (N=367)	Vehicle (N=362)
Difference from vehicle	3.9		7.5	
Mean percent reduction	44.6%	36.3%	47.1%	29.7%
Difference from vehicle	8.3%		17.5%	

[1] IGA success defined as at least a 2-point reduction in IGA compared to baseline and an IGA score of 0 (clear) or 1 (almost clear)

Place in Therapy: Winlevi®, the first topical androgen receptor inhibitor, is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older. Hypothalamic-pituitary-adrenal (HPA) axis suppression was observed and may occur during or after treatment with clascoterone. If HPA axis suppression develops, an attempt should be made to withdraw the drug. The safety and efficacy of Winlevi® cream were assessed in 2 identically-designed, randomized, double-blind trials that included subjects 12 years of age and older with facial acne vulgaris. More patients in the Winlevi® group obtained IGA success as compared with placebo in both studies, as well as a greater mean percent reduction in inflammatory and non-inflammatory lesions.

Per the full-text study by Hebert et al[2], more patients achieved IGA success with Winlevi® as compared with vehicle ($p<0.001$ for both studies) at week 12. Comparator studies with other active ingredients were not currently identified. This new agent provides another treatment option for acne vulgaris.

There is no evidence at this time to support that Winlevi® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Winlevi® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

PDL Placement:
- ☐ **Preferred**
- ☒ **Non-Preferred with Conditions**

References

[1] Winlevi [package insert]. Cranbury, NJ: Sun Pharmaceuticals, Inc; 2021.
[2] Hebert A, Thiboutot D, Gold LS, et al. Efficacy and safety of topical clascoterone cream, 1%, for treatment in patients with facial acne: Two phase 3 randomized clinical trials. *JAMA Dermatol*. 2020; 156(6): 621-630.