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ORACEA[™] (DOXYCYCLINE, USP) THE ONLY ONCE-DAILY ORAL THERAPY FOR ROSACEA

Addresses Inflammation Without Antimicrobial Effects

In May 2006, the FDA approved once-daily 40 mg Oracea[™] (doxycycline, USP), making it the first and only oral prescription therapy for the short or longer-term treatment of inflammatory lesions of rosacea in adult patients. The unique formulation of a 40 mg doxycycline capsule containing 30 mg immediate release and 10 mg delayed release doxycycline beads is a novel concept in rosacea treatment in that it exerts anti-inflammatory action without demonstrated antimicrobial effects. Its convenient, once-daily dosing encourages patient compliance.

Oracea's unique formulation maintains plasma concentrations of doxycycline within a defined therapeutic concentration which is high enough for an anti-inflammatory effect, yet low enough to avoid antibacterial activity. This allows Oracea to target the underlying inflammatory pathophysiology of rosacea, without the unwanted antimicrobial effects. In fact, the efficacy of certain oral antibiotics often prescribed off-label to treat rosacea is most likely due to their anti-inflammatory properties and not their antimicrobial effects. Despite their effectiveness, many dermatologists are increasingly concerned about prescribing extended courses of oral antibiotics. Of particular concern are changes in normal microflora that allow the growth of unwanted or undesirable organisms, the class-based side effects of these agents, and their inherent risk for promoting the spread of antimicrobial resistance. No such exposure occurs with Oracea because plasma levels remain well below the minimal inhibitory concentrations (MIC), or antimicrobial threshold, of common doxycycline-susceptible microorganisms throughout the 24-hour dosing period.¹ Increased antimicrobial resistance has become a serious enough public

health issue to have prompted initiatives aimed at limiting the prescribing of oral antibiotics when other treatment options are available. According to Richard G. Fried, MD, PhD, Dermatologist and Clinical Psychologist, Clinical Director of Yardley Dermatology, Yardley Skin Enhancement and Wellness Center (Yardley, PA), "Oracea is a new venue we have to avoid unnecessary and prolonged use of oral antibiotic therapy. With Oracea, we are not promoting resistant bacteria, which is a powerful argument for using the medicine. We've seen very impressive clinical data for many, many patients showing that sub-antimicrobial dosing afforded significant clinical improvement, both in inflammatory skin lesions as well as the background redness. For genuine medical reasons, Oracea represents an appropriate medical therapy for patients and it represents an opportunity for us to avoid potential short and long term side effects of antibiotics. For many reasons, I'm a very passionate believer in Oracea."

Clinical studies have shown Oracea to be safe and effective, with good patient tolerability. In two randomized, multicenter Phase 3 clinical studies (N-537), once-daily 40 mg Oracea was shown to significantly reduce inflammatory lesion count throughout 16 weeks of treatment. (1) In addition, Oracea was shown to significantly reduce inflammatory lesions early, with continuing improvements through 16 weeks of therapy. (2) Results showed consistent efficacy across a broad range of disease severities and anti-inflammatory effects in patients, regardless of body weight. (1) Clinical trials have also demonstrated that Oracea was safe and well-tolerated, with a side effect profile similar to placebo as initial and maintenance therapy. (1,2) Neither photosensitivity or

vaginal candidiasis were observed in these trials.

Hilary E. Baldwin, MD, Vice Chair and Associate Professor of Clinical Dermatology, State University of New York/Downstate at Brooklyn (New York, NY) uses Oracea as her first line of treatment for rosacea and finds that her patients are enjoying great success with it. "Oracea has changed the paradigm of rosacea therapy for me. I used to first prescribe topicals and then go to oral therapy if and only if the creams didn't work. But patients get frustrated with topical medication and don't want to use it. In fact, we have a study showing that by one year out, 90 percent of rosacea patients stopped using their topical medications, even if they were working. My patients are seeing responses often within a week, always within 2-3 weeks, and when they come back at the one-month mark, 90 percent of the patients are nearly clear. The fact that it's taken once a day makes a big difference in terms of the patients' compliance." Dr. Baldwin also likes Oracea's side effect profile. "There is no reason why you can't take it indefinitely. Because Oracea is sub-antimicrobial and is just an anti-inflammatory medication, it is not altering the bacterial flora. So we are making the patient better, while keeping an eye out for everybody else in the world."

The exact cause of rosacea is unknown, but experts believe that chronic inflammation appears to play a primary role in its pathophysiology. This dermatologic condition

affects about 14 million Americans (1) and while it cannot be cured, it can be treated in a way that reduces flare-ups and shortens the duration of rosacea episodes. While not life threatening, rosacea can have a negative impact on the quality of life. In a recent survey conducted by the National Rosacea Society, nearly 70 percent of respondents reported low self-confidence, 41 percent reported avoiding public contact, and 30 percent said they missed work because of their rosacea. On the positive side, 70 percent of rosacea patients report that their emotional well-being improved when their rosacea as effectively treated. (4)

Brian Berman, MD, PhD, Professor of Dermatology and Internal Medicine, University of Miami, Miller School of Medicine (Miami, FL) says Oracea is his first drug of choice for inflammatory rosacea that requires systemic therapy and he is satisfied with its efficacy. "My patients are responding quite well and no one has complained of any adverse events. Its once-daily dosing enhances patient compliance and with its delayed release formulation, patients are getting a more steady concentration of the medication throughout the day, which has been shown to exert better control of rosacea symptoms. Theoretically, I also like Oracea because it's not inducing bacterial resistance."

Important Safety Considerations

The dosage of Oracea differs from that of doxycycline used to treat infections. To reduce the development of resistant bacteria as well as

to maintain the effectiveness of other antibacterial drugs, Oracea should be used only as indicated. Traditional tetracycline contraindications, warnings and precautions must be considered prior to the use of Oracea. This drug is contraindicated in people who have shown hypersensitivity to any of the tetracyclines. Doxycycline, like other tetracycline drugs, can cause fetal harm when administered to a pregnant woman. It is recommended that Oracea not be used by pregnant or breast feeding women. Tetracycline drugs should not be used during tooth development (last half of pregnancy up to age of 8 years) as they may cause permanent discoloration of the teeth. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Although this was not observed during the duration of the clinical studies with Oracea, patients should minimize or avoid exposure to natural or artificial sunlight. Safety of Oracea beyond 9 months has not been established.

For additional information about Oracea, please call 1-888-339-5678, or visit the company's Web site at www.oracea.com.

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