

FDA Filler Update: Revanesse Versa

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Disclosures

Merz – Trainer, Advisory Board

Suneva Medical - Instructor

Will use brand names due to lack of
distinguishing generic names

Presentation Level of Evidence

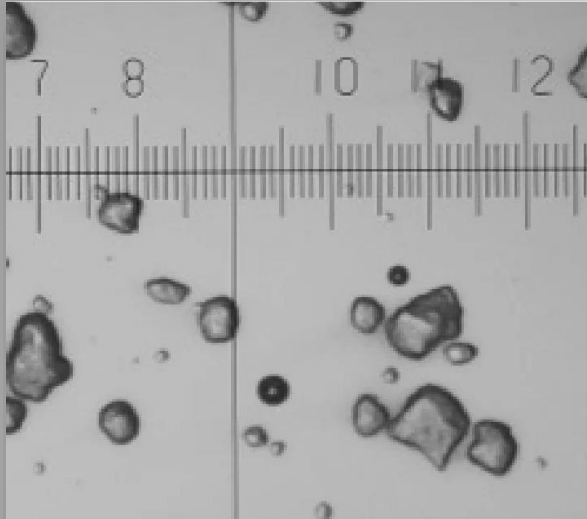
Levels of Evidence and Qualifying Studies (Therapeutic Studies):

- I** High-quality, multi-centered or single-centered, randomized controlled trial with adequate power ($N \geq 100$); or a systematic review of these studies
- II** Lesser-quality, randomized controlled trial; prospective cohort study; or systematic review of these studies
- III** Retrospective comparative study; case-control study; or a systematic review of these studies
- IV** Case series
- V** Expert opinion; case report or clinical example; or evidence based on physiology, bench research or "first principles"

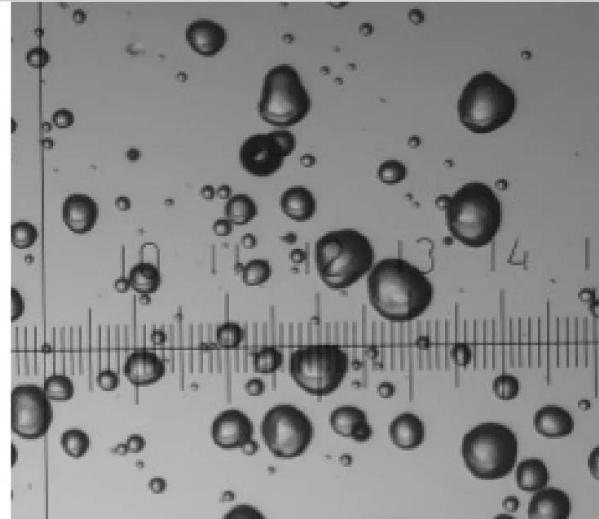
Product Information

- Cross-linked hyaluronic gel
 - 10% not crosslinked
- 25 mg of HA per 1 mL syringe
- Unique features
 - Homogenous uniform spherical particles
 - Balanced with skin water content, less swelling

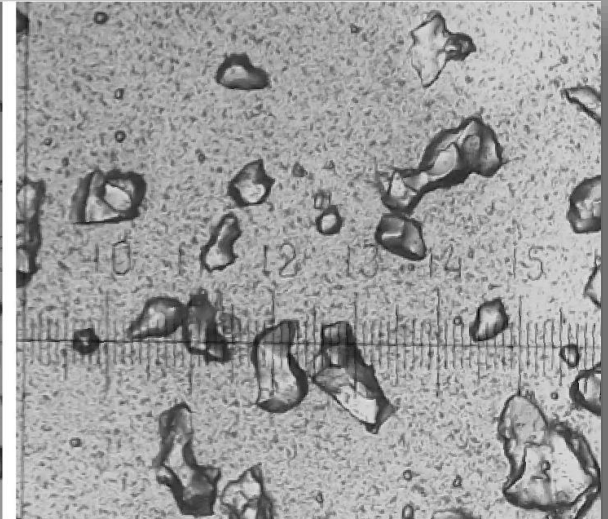
Gel Particle Shape



Juvéderm® Ultra Plus

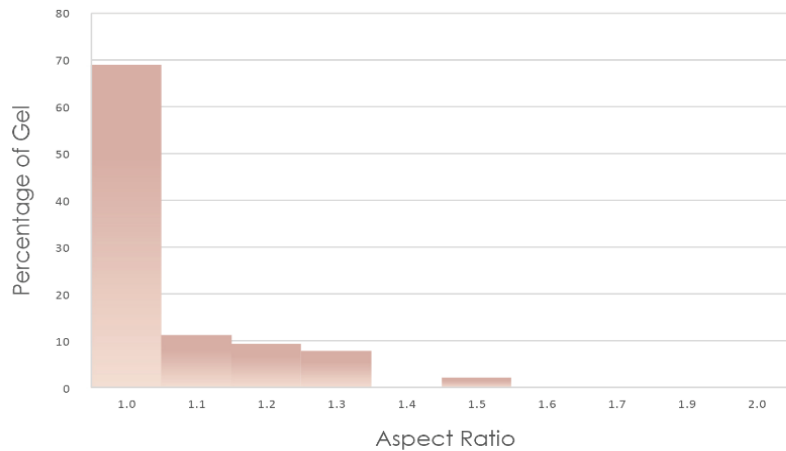


Revanesse® Versa™



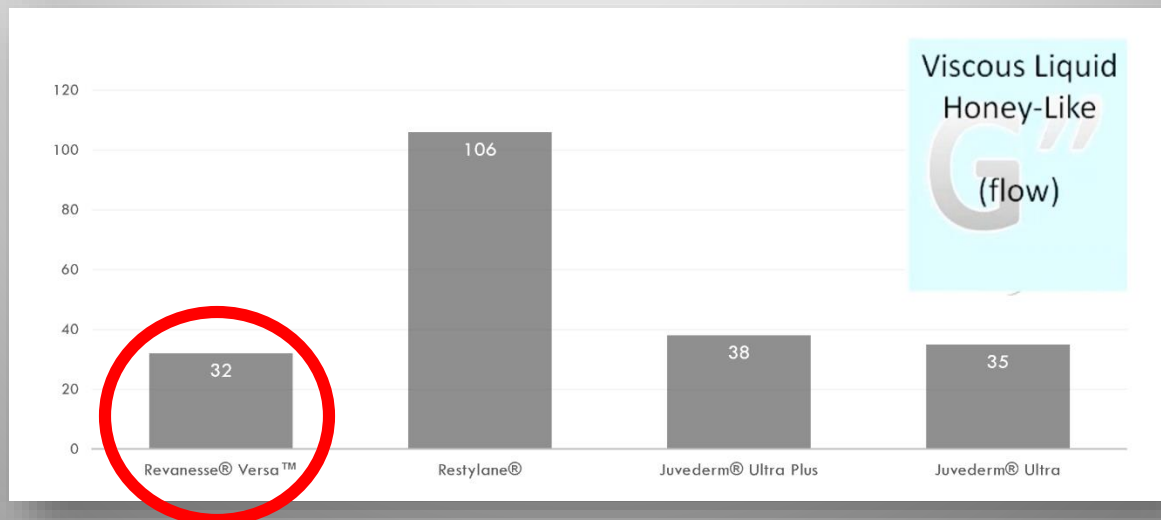
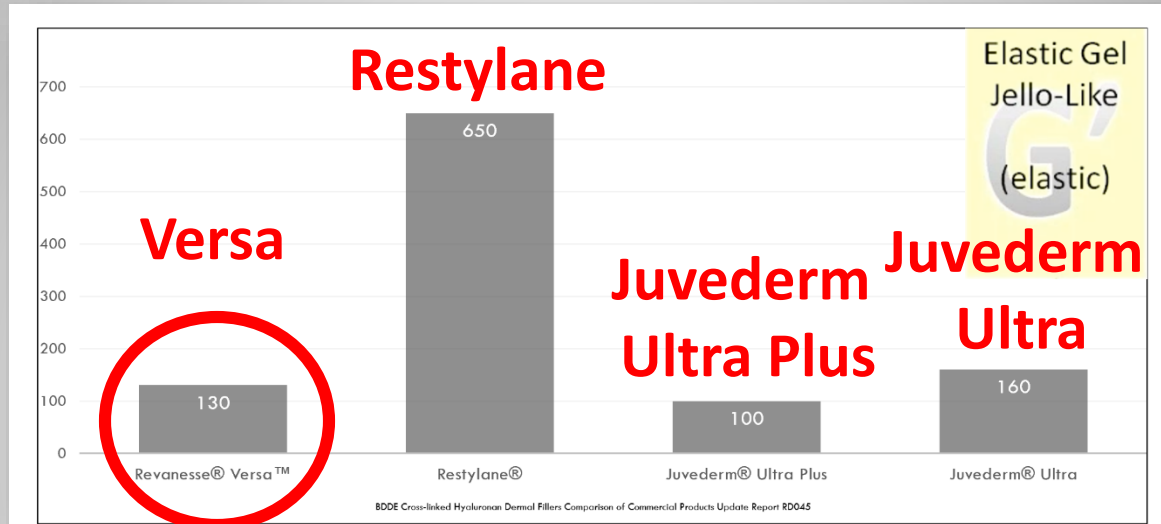
Restylane®

Percent of Spherical Particles



**Round particle shape
may have less
inflammatory response**

Rheology



Pivotal Study: Versa vs Restylane

- Both **without** lidocaine
- Moderate to severe NLF
- Randomized split face
- Blinded evaluators
- Retreatment allowed
- 24 week endpoint

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A Multicenter, Double-Blinded, Randomized, Split-Face Study of the Safety and Efficacy of a Novel Hyaluronic Acid Gel for the Correction of Nasolabial Folds

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ABSTRACT

BACKGROUND: Injectable hyaluronic acid is frequently used to correct volume loss in nasolabial folds. **OBJECTIVE:** To compare the safety and efficacy of a novel hyaluronic acid gel to a non-animal stabilized hyaluronic acid (Comparator) gel for the correction of nasolabial folds (NLF). **METHODS:** Qualified subjects had NLF with a Wrinkle Severity Rating Scale (WSRS) score of 3 or 4 (moderate or severe). NLFs were treated with Test Product on one side of the face and Comparator on the other side of the face (facial side randomly assigned). Improvement from baseline was evaluated at weeks 1, 2, 4, 12, and 24 weeks. The primary study endpoint was the mean change in WSRS score from baseline to week 24. **RESULTS:** The mean changes in WSRS score from baseline were 1.02 ± 0.689 for Test Product and 0.91 ± 0.762 for Comparator. The mean difference in change from baseline in WSRS scoring (Comparator minus Test Product) at week 24 was -0.11 (-0.225-0.001, 95% confidence interval [CI]). The upper boundary (0.001) of the 95% CI was less than the prespecified non-inferiority limit of 0.50, indicating that the Test Product was non-inferior to the Comparator. No subject discontinued the study due to adverse events. **CONCLUSION:** The Test Product is safe and non-inferior to the Comparator for the correction of nasolabial folds. The Test Product was associated with less swelling, pain, and overall severity of treatment-emergent adverse events than the Comparator.

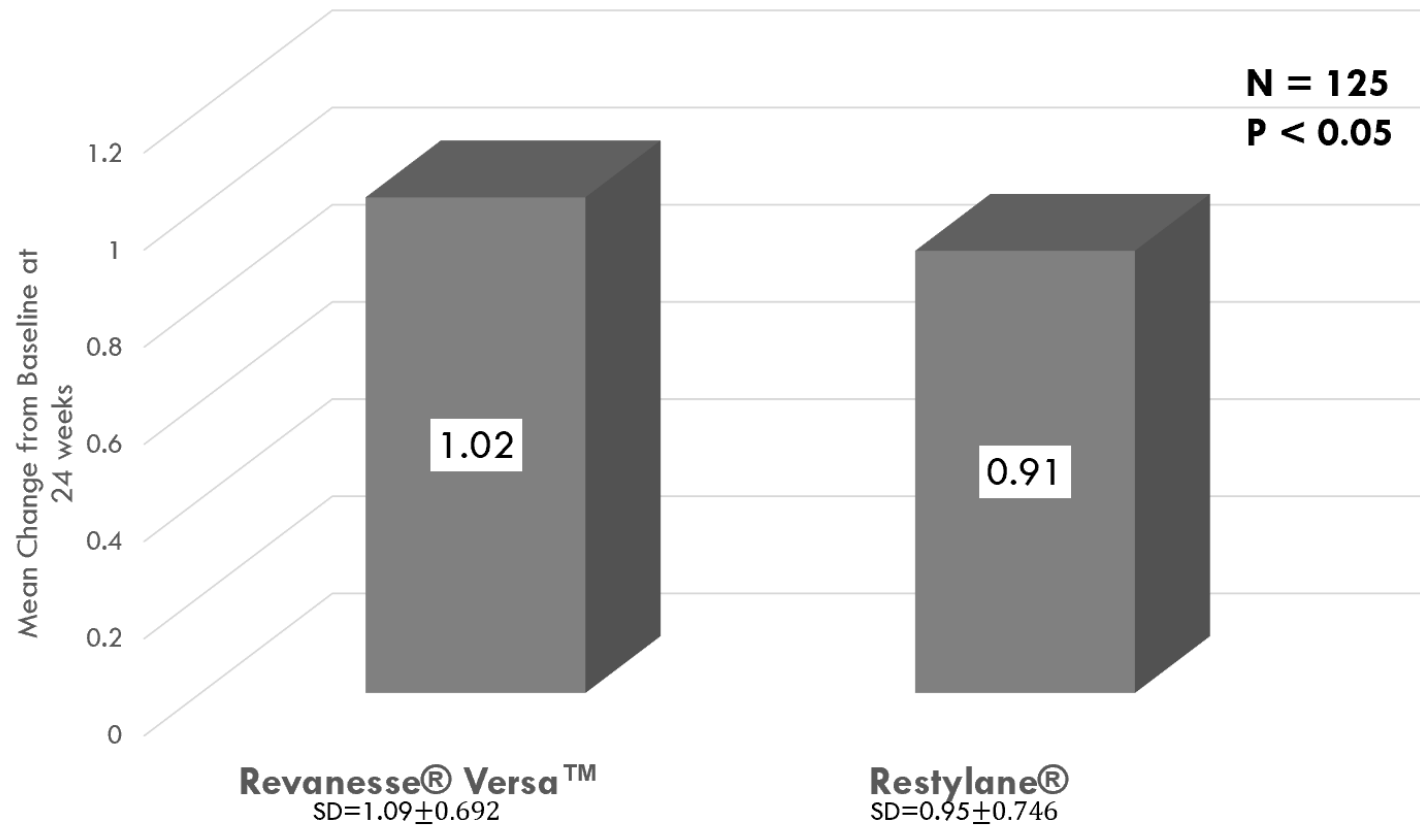
J Drugs Dermatol. 2018;17(1):66-73.

INTRODUCTION

Hyaluronic acid (HA) is a glycosaminoglycan disaccharide found in the extracellular matrix of the skin, eye, and cartilage. Approximately half of human HA occurs in the skin. As a polyanionic polymer, HA is soluble and binds well with water.¹ HA provides structure and moisture in human skin. As skin ages, dermal HA decreases and results in reduced water-binding capacity, reduced elasticity, volume loss, and the development of rhytids and other aging features.²⁻⁴ HA has several characteristics that make it suitable for use as a dermal filler. Because the chemical structure of HA is the same in all species, immunologic reactions and implant rejection are unlikely to occur.³⁻⁵ Other favorable characteristics are its presence in the skin and its ability to bind to substantial amounts of water.⁶ HA readily dissolves in water and forms a viscous gel.³ Unmodified HA, however, has a half-life of only a few weeks after injection into the dermis⁶ because it is quickly degraded by hyaluronidase and free radicals in the skin.⁶ To increase stability and longevity when injected into skin, manufacturers use crosslinking agents to bind HA polymer chains to each other. The result

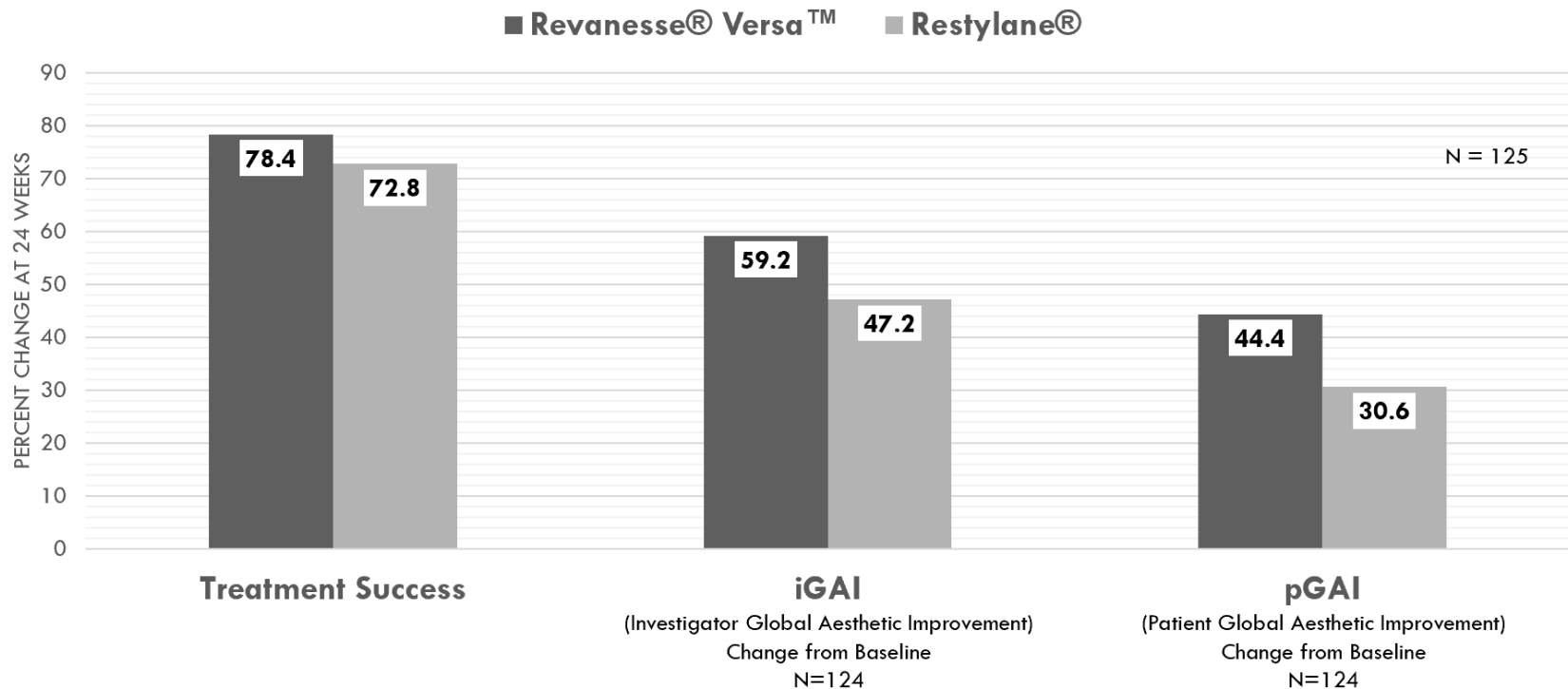
Results: Primary End Point

PRIMARY EFFICACY ENDPOINT OF STUDY



Results: Secondary End Point

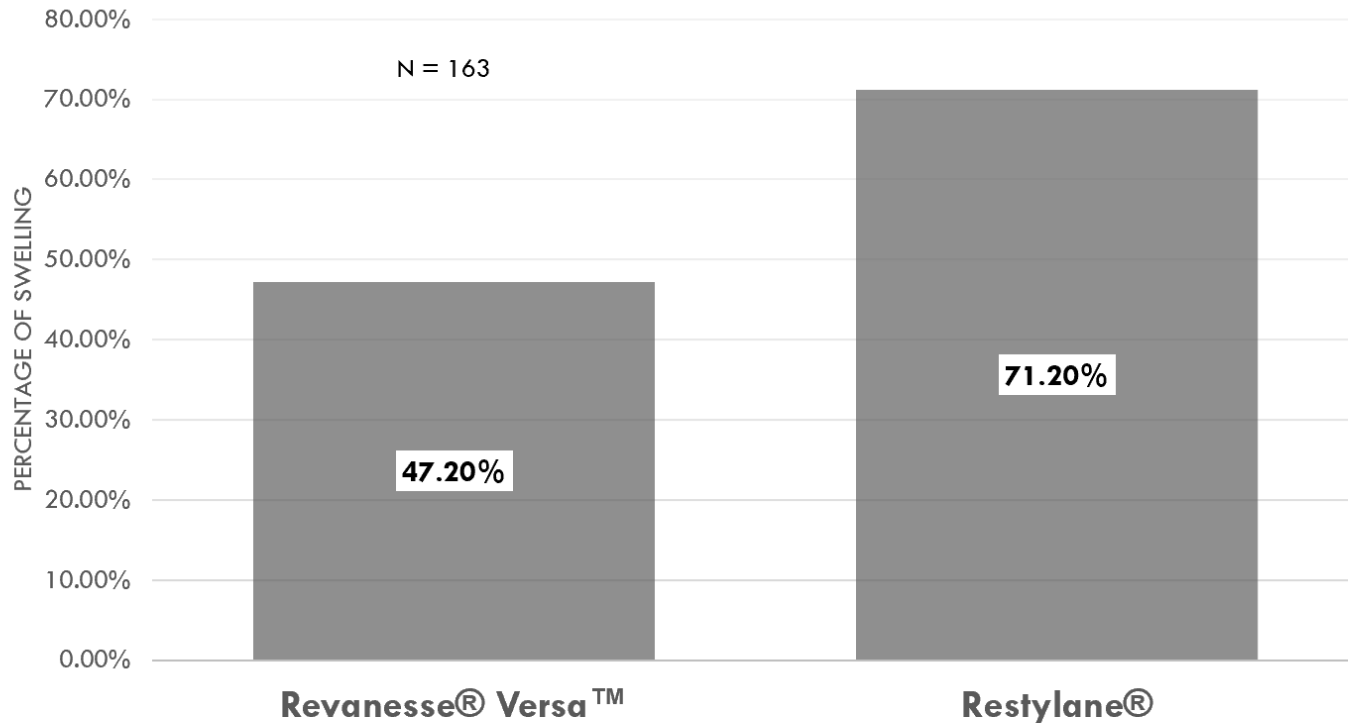
SECONDARY EFFICACY VARIABLES OF STUDY TREATMENT SUCCESS



Gold, M. A Multicenter, Double-Blinded, Randomized, Split-Face Study of the Safety and Efficacy of a Novel Hyaluronic Acid Gel For the Correction of Nasolabial Folds. Data on File.

Patient Reported Swelling

PERCENTAGE OF STUDY PATIENTS (N) REPORTED SWELLING



Safety

- No subjects discontinued the study due to AEs
- **TEAEs were reported**
 - **69.9% of Revanesse® Versa™ subjects**
 - **84% of Restylane® subjects**
- Most common injection site TEAEs were:
 - Hematoma (50.3% versa™ /47.2% Restylane®)
 - Swelling (47.2% versa™ /71.2% Restylane®)
 - Pain (38% versa™ /66.3% Restylane®)
- Only 2 subjects reported non-injection site TEAEs (headache 3.1%, arthralgia 1.85)

Conclusions

STUDY CONCLUSION

THE TEST PRODUCT, **REVANESSE VERSA**, IS **SAFE AND NON-INFERIOR TO THE COMPARATOR, RESTYLANE**, FOR THE CORRECTION OF NASOLABIAL FOLDS.

THE TEST PRODUCT WAS ASSOCIATED WITH LESS SWELLING, PAIN, AND OVERALL SEVERITY OF TREATMENT-EMERGENT ADVERSE EVENTS THAN THE COMPARATOR

Personal Experience

Compared to Restylane-L (my preferred HA)

- Nice results for lip enhancement
- Harder to inject with 30G x 1 inch needle
- **More** pain (no lidocaine)
 - Lidocaine may be added soon
- Maybe less swelling
- Good price point



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