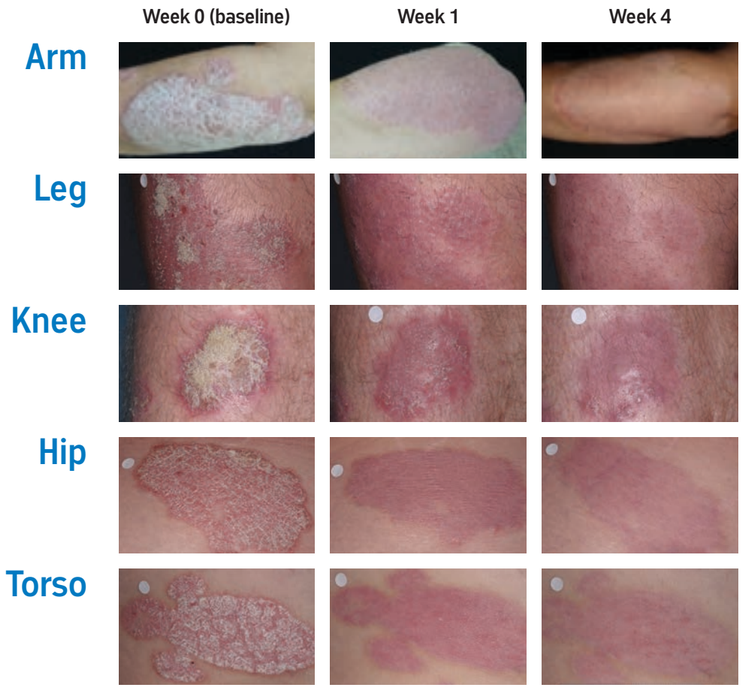
Enstilar® demonstrated treatment success* in the treatment of ≥mild body psoriasis (trunk and limbs) at week 4, vs. foam vehicle)[6†]

- By Week 4, 53.3% of 323 patients using Cal/BD aerosol foam achieved treatment success compared with 4.8% of 103 patients using vehicle (odds ratio [OR] 30.3; 95% CI 9.7, 94.3; $p<0.001$)
- At Week 1, mean mPASI score was significantly lower in patients using Enstilar® vs. foam vehicle (4.5 vs. 6.2; $p<0.001$; 2° endpoint)‡
- At Week 4, mean mPASI score was significantly lower for patients using Enstilar® vs. foam vehicle (2.0 vs. 5.5; $p<0.001$; 2° endpoint)‡



Lesion images are from 5 separate patients in a phase 3 clinical trial using Enstilar® once daily. The photographs are not intended to be predictive of results in the general population. Individual results may vary. Adapted from Leonardi C, et al., 2015.[6†]

* Treatment success was defined as 'clear' or 'almost clear' (for patients with ≥moderate disease at baseline) or 'clear' (for patients with mild disease at baseline).

† A multicentre, comparative, randomized, double-blinded, vehicle-controlled 4-week study. Patients were randomized (3:1) to Cal/BD aerosol or aerosol foam vehicle once daily for up to 4 weeks. The primary efficacy endpoint was the proportion of patients at week 4 who achieved treatment success, defined as 'clear' or 'almost clear' (for patients with ≥ moderate disease at baseline) or 'clear' (for patients with mild disease at baseline), according to PGA. All physician and patient assessments were performed at each visit (baseline and weeks 1, 2, and 4). Severity of psoriasis was evaluated according to physician's global assessment (PGA), using a five-point scale (clear, almost clear, mild, moderate, severe). Extent and severity of clinical signs were assessed to determine an mPASI score; each area (arms, trunk, and legs) was assessed separately. Extent of disease was evaluated by percentage involvement (no involvement, <10%, 10–29%, 30–49%, 50–69%, 70–89%, 90–100%) and severity of clinical signs (redness, thickness, scaliness) was assessed using a five-point scale (0=none, 1=mild, 2=moderate, 3=severe, 4=very severe). A target lesion, selected at baseline by the investigator was used to evaluate the change from baseline in severity of clinical signs at week 4.

‡ Baseline mPASI score for Enstilar® and foam vehicle were 7.4 and 7.9, respectively.

Enstilar® spray foam is:

- A white, flat, non-expanding foam
- Alcohol-free
- Odourless
- Available in 60g

Emily, 33

Clinical use:
The use in pediatrics (<18 years of age) is not recommended as safety and efficacy have not been established in this population.

Contraindications:
- Disorders of calcium metabolism
- Viral skin lesions; fungal, bacterial, parasitic skin infections; skin manifestations related to tuberculosis
- Perioral dermatitis, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne vulgaris, acne rosacea, rosacea, ulcers and wounds
- Erythrodermic and pustular psoriasis

Relevant warnings and precautions:
- Long-term or concomitant corticosteroid use
- Use with ultraviolet radiation
- Avoid use on broken skin, on mucous membranes, in skin folds, or under occlusive dressing
- Hypercalcemia and hypercalciuria
- Hepatic or renal impairment
- Avoid ophthalmic use
- Avoid use on face, axillae, flexures, groin, or genitals
- Use caution in pregnant patients
- Avoid use on breast if breastfeeding
- Use in children <18 years of age or the elderly ≥65 years of age

For more information:
Please consult the Product Monograph at https://health-products.canada.ca/dpd-bdpp/index-eng.jsp for important information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece.

The Product Monograph is also available by calling LEO Pharma Medical Information at 1-800-263-4218.

References:
1. Enstilar® Product Monograph. Leo Pharma Inc. September 8, 2016.
2. National Clinical Guideline Centre (UK). *National Institute for Health and Clinical Excellence: Guidance. Psoriasis: Assessment and Management of Psoriasis.* London: Royal College of Physicians (UK); 2012.
3. Canadian Dermatology Association. Psoriasis. Available at: https://dermatology.ca/public-patients/skin/psoriasis/. Retrieved October 18, 2018.
4. Koo J, et al. Superior efficacy of calcipotriene and betamethasone dipropionate aerosol foam versus ointment in patients with psoriasis vulgaris—A randomized phase II study. *Journal of Dermatological Treatment.* 2016;27(2):120-127..
5. Lebwohl M, et al. Fixed Combination Aerosol Foam Calcipotriene 0.005% (Cal) Plus Betamethasone Dipropionate 0.064% (BD) is More Efficacious than Cal or BD Aerosol Foam Alone for Psoriasis Vulgaris: A Randomized, Double-blind, Multicenter, Three-arm, Phase 2 Study. *J Clin Aesthet Dermatol.* 2016;9(2):34-41.
6. Leonardi C, et al. Efficacy and Safety of Calcipotriene Plus Betamethasone Dipropionate Aerosol Foam in Patients With Psoriasis Vulgaris—a Randomized Phase III Study (PSO-FAST). *J Drugs Dermatol.* 2015;14(12):1468-1477.

ENS-098-19E

Pr Enstilar®
calcipotriol / betamethasone dipropionate

Over 2.8 million Enstilar® cans have been dispensed worldwide*

Enstilar®—a powerful option in the treatment of psoriasis vulgaris!

Available in a 60g can

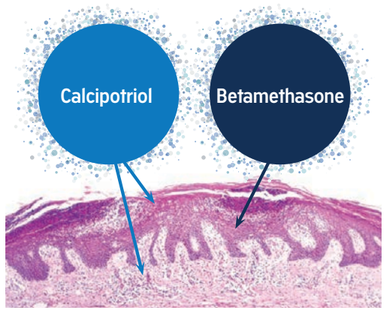
Enstilar® (calcipotriol and betamethasone dipropionate) is indicated for the **topical treatment of psoriasis vulgaris in adults for up to 4 weeks.**[1]

* Clinical significance has not been established.

Psoriasis vulgaris is an immune-mediated, inflammatory skin disorder that...[2]

- Affects approximately 1 million Canadians; 90% of which are affected by plaque psoriasis, the most common form[3]
- Can occur anywhere on the body. The most common sites include: elbows, knees, scalp, chest, and lower back[2,3]
- is typically seen in adults with equal distribution between men and women[3]

Enstilar® has a dual mechanism of action*



* Clinical significance has not been established.

Enstilar® is a combination of two active ingredients.

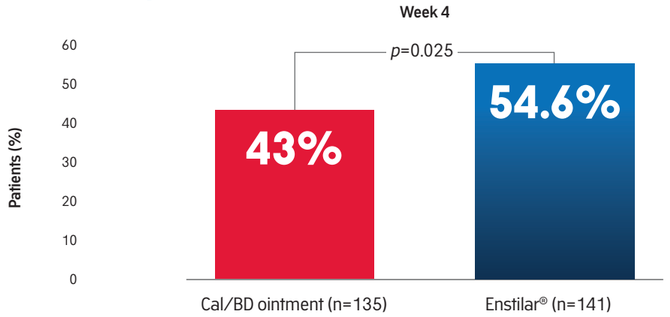
- **Calcipotriol:** a vitamin D agonist which normalizes the proliferation and differentiation of keratinocytes, and also has an immunosuppressive effect.
- **Betamethasone dipropionate**: a corticosteroid with anti-inflammatory, immunosuppressive, anti-pruritic and vasoconstrictive properties

The combination of these two components has greater inflammatory and anti-proliferative effects than either component alone.

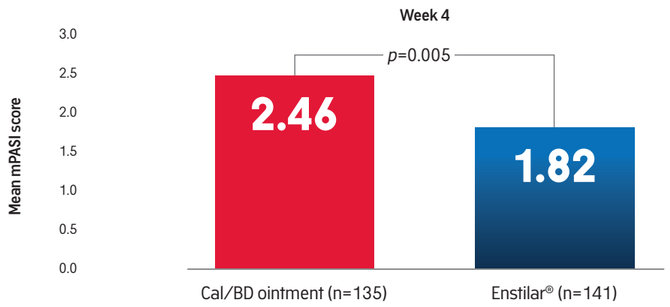
Koo J, et al. (2016)

Enstilar® showed efficacy in the treatment of body psoriasis (trunk, arms or legs assessed separately)[4]*

A greater proportion of patients achieved **treatment success**† with Enstilar® vs. Cal/BD ointment at Week 4 (1° endpoint)*



The mean **mPASI** score was lower with Enstilar® than with Cal/BD ointment at Week 4 (*p*=0.005)



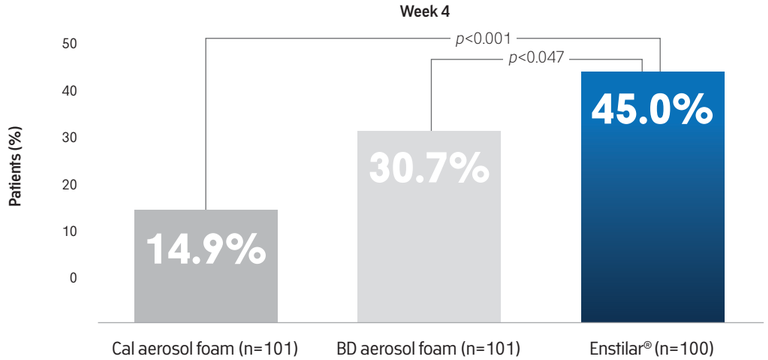
50.4% of patients on Enstilar® achieved PASI75 at Week 4 (not statistically significant).

* A multicentre, comparative, randomized, investigator-blinded, 4-week study. Subjects had a range of disease severity with up to 75% moderate body psoriasis; up to 10% had severe. The primary endpoint was the proportion of patients at week 4 who achieved treatment success ('clear' or 'almost clear' with at least a two-step improvement). Treatment was limited to the trunk, arms and legs only; scalp, face, genitals and skin folds were not treated. Enstilar® (n=141), foam vehicle (n=49), Cal/BD ointment (n=135) or ointment vehicle (n=51).
† Treatment success was defined as 'clear' or 'almost clear' with at least a two-step improvement.
Cal/BD, calcipotriol/betamethasone dipropionate; mPASI, modified psoriasis area and severity index (excluding the head).

Lebwohl M, et al. (2016)

Enstilar® demonstrated efficacy in the treatment of body psoriasis[5]

A greater proportion of patients with psoriasis (trunk, arms, and legs) achieved **treatment success** with Enstilar® vs. either Cal or BD aerosol foam alone, at Week 4 (1° endpoint)*



Enstilar® adverse events profile at 4 weeks

In three studies with a total of 1,100 subjects with psoriasis vulgaris, of which 564 were treated with Enstilar®:†

- **There were no adverse reactions that occurred in ≥1% of patients treated with Enstilar®[1]**
- **The median weekly dose of Enstilar® was 24.8g (mean 30.9g)[1]**

† The adverse reaction rates were derived from three randomized, multicentre, prospective vehicle and/or active-controlled clinical trials in 1,100 subjects with psoriasis vulgaris. Approximately 75% of subjects had moderate psoriasis. A total of 564 subjects were treated with Enstilar® once daily up to 4 weeks, and the median weekly dose of Enstilar® was 24.8g (mean 30.9g).[1]

* In a randomized, double-blind, 4-week, multicentre clinical study, in which patients with psoriasis were treated with Enstilar® spray foam (n=100), or betamethasone dipropionate in foam vehicle alone (n=101), or calcipotriol in foam vehicle alone (n=101). The primary endpoint was treatment success of body psoriasis according to PGA at Week 4, defined as 'clear' or 'almost clear' from baseline for patients with moderate/severe disease and 'clear' from baseline for those with mild disease.

Cal, calcipotriol; BD, betamethasone dipropionate; PGA, physician's global assessment of disease severity.