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

- 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; <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)‡

Enstilar® spray foam is:
- A white, flat, non-expanding foam
- Odourless
- Available in 60g

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.†

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

Clinical success: The use of psoriasis in children <18 years of age is not recommended as safety and efficacy have not been established in this population.

Contraindications:
- Hypersensitivity to any component of the formulation. Treatment with calcipotriene or betamethasone dipropionate cream or ointment is not recommended as safety and efficacy have not been established in this population.
- This product is not recommended for use in children <18 years of age, pregnant patients or breast feeding patients.
- Use in children <18 years of age or the elderly ≥65 years of age
- Perioral dermatitis, atrophic skin, striae atrophicae, and other striae
- Viral skin lesions; fungal, bacterial, parasitic skin infections;
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Psoriasis vulgaris is an immune-mediated, inflammatory skin disorder that...

Enstilar® showed efficacy in the treatment of body psoriasis (trunk, arms or legs assessed separately).

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).

Enstilar® demonstrated efficacy in the treatment of body psoriasis.

Enstilar® adverse events profile at 4 weeks

Enstilar® has a dual mechanism of action*

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)

Lebwohl M, et al. (2016)