

Topical Treatment in Psoriasis

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Recent Trends in Psoriasis Treatment

- Superpotent (Class I) topical corticosteroids are the most widely used treatments¹
 - Several new versions on the market (sprays, foam, lotion, etc)
 - Risk of systemic adverse events (eg, adrenal suppression)²
 - Chronic use associated with tachyphylaxis³
- Calcipotriene is the most widely used nonsteroidal topical⁴
 - Relatively slow-acting⁴
 - Often used in combination with topical corticosteroids⁴
- Biologic and other systemic therapies
 - Potential for major long-term toxicity⁴
 - Many are expensive⁵

Introduction of a Novel 2-Compound Product: Taclonex®

Taclonex® contains 0.005% calcipotriene and 0.064% betamethasone dipropionate

• Fastest-growing topical in EU and Canada for psoriasis

• More than 3 million prescriptions worldwide

Stability of Corticosteroids and Calcipotriene in Relation to pH

- Calcipotriene and betamethasone dipropionate are incompatible at similar pH
- Solution to Stability: Mixing Unmixables with anhydrous vehicle

Safety of Taclonex®: A 52-Week* Study

>3,000 patients received Taclonex® in clinical trials

- No increase in corticosteroid-related adverse events compared with other study arms
- Very low incidence of skin atrophy
- No difference between treatment groups
- Skin irritation more commonly observed in patients receiving long-term treatment with calcipotriene than with Taclonex®

The Role of Taclonex® in Severe Disease

- Patients with severe psoriasis are often treated with biologics¹
- Biologic therapies can take up to 12 weeks to exert their full clinical effects²
- Taclonex® may be effective for patients with generalized disease who need more aggressive therapy*³
- Rapidly acting Taclonex® can provide significant clearance for resistant lesions on the elbows, knees, and legs

Taclonex in Other Forms of Psoriasis

◆ Scalp Psoriasis

–Moisten, leave Taclonex on overnight and wash out

◆ Nail Psoriasis

–Helps with subungual hyperkeratosis in occlusive therapy (twice daily with occlusion at night)

AAD Update 2006: Taclonex in Nail Psoriasis

–22 pts

–Taclonex twice daily (occlusion qhs) for 3 months

–Biopsies confirmed negative fungal infxn

–Response evaluated using Nail Psoriasis Severity Index (NPSI)

–65% (11 pts) with 50% decrease in NPSI

–SE: 4 with irritation after 2 months

Mendoza N et al, AAD 2006, abstract P2802: supported by Roche SA

Taclonex in Other Forms of Psoriasis

◆ Hand Psoriasis

–Occlusive therapy of Taclonex with less irritation (twice daily with occlusion at night)

◆ Guttate Psoriasis

–Taclonex for 5-6 days

Taclonex® Now Approved in the US

◆ Taclonex® contains 0.005% calcipotriene and 0.064% betamethasone dipropionate

◆ Proven efficacy for all severities of psoriasis

–Efficacy

• Synergistic clinical effect of two widely used compounds

–Rapid onset of action

• Significant results seen in 1 week

–Safety

• Local irritation reported with calcipotriene reduced by the corticosteroid component

–Convenience

• Once-daily application

• One copay

• Compliance (easier to use)