

**South East London Area Prescribing Committee  
Formulary recommendation**

<b>Reference</b>	<b>055</b>
<b>Intervention:</b>	<b>Calcipotriol/betamethasone cutaneous foam spray (Enstilar®) for the treatment of psoriasis vulgaris in adult patients</b> (Enstilar is a topical foam that contains the vitamin D3 analogue calcipotriol and the corticosteroid betamethasone dipropionate)
<b>Date of Decision</b>	<b>October 2016</b>
<b>Date of Issue:</b>	<b>November 2016</b>
<b>Recommendation:</b>	<b>GREEN – can be prescribed within agreed criteria for use in primary or secondary care</b>
<b>Further Information</b>	<ul style="list-style-type: none"> <li>• Enstilar® cutaneous foam is accepted as a treatment option for the topical treatment of psoriasis vulgaris in adults as follows:</li> </ul> <p><b>Trunk and limb psoriasis:</b></p> <ul style="list-style-type: none"> <li>• The <a href="#">NICE pathway for psoriasis</a>, recommends that a potent corticosteroid applied once daily plus vitamin D or a vitamin D analogue applied once daily (applied separately, one in the morning and the other in the evening) should be offered for up to 4 weeks as initial treatment for adults with trunk or limb psoriasis.</li> <li>• Enstilar may also be considered as a treatment option at this point.</li> </ul> <p><b>Scalp psoriasis:</b></p> <ul style="list-style-type: none"> <li>• The <a href="#">NICE treatment pathway</a> recommends a potent corticosteroid applied once daily for up to 4 weeks as initial treatment.</li> <li>• If treatment with a potent corticosteroid does not result in clearance, near clearance or satisfactory control of scalp psoriasis after 4 weeks, NICE recommends the following are considered:             <ul style="list-style-type: none"> <li>– a different formulation of the potent corticosteroid (for example, a shampoo or mousse) and/or</li> <li>– topical agents to remove adherent scale (for example, agents containing salicylic acid, emollients and oils) before application of the potent corticosteroid.</li> </ul> </li> <li>• If the response to treatment with a potent corticosteroid remains unsatisfactory after a further 4 weeks of treatment, NICE recommends the following are offered:             <ul style="list-style-type: none"> <li>– a combined product containing calcipotriol monohydrate and betamethasone dipropionate applied once daily for up to 4 weeks <b>or</b></li> <li>– vitamin D or a vitamin D analogue applied once daily (only in those who cannot use steroids and with mild to moderate scalp psoriasis).</li> </ul> </li> <li>• Enstilar may be considered as a treatment option at this point for scalp psoriasis.</li> </ul> <p><b>Practical issues</b> (refer also to <a href="#">SPC</a> for more detailed information):</p> <ul style="list-style-type: none"> <li>• The foam should be applied to the affected area once daily. The recommended treatment period is 4 weeks.</li> <li>• The daily maximum dose of Enstilar should not exceed 15 g, i.e. one 60g canister should last for at least 4 days.</li> <li>• 15g corresponds to the amount administered from the can if the actuator is fully depressed for approximately one minute. A two-second application delivers approximately 0.5 g.</li> <li>• As a guide, 0.5 g of foam should cover an area of skin roughly corresponding to the surface area of an adult hand.</li> <li>• Total body surface area treated should not exceed 30%.</li> <li>• Enstilar will be incorporated into the SEL pathway for the management of psoriasis (currently under development).</li> </ul>

<b>Shared Care/Transfer of care document required:</b>	N/A
<b>Cost Impact for agreed patient group</b>	<ul style="list-style-type: none"> <li>• Enstilar foam is similar in cost to existing formulary included alternatives; therefore the cost impact is expected to be minimal.</li> <li>• There may be a reduced need for referrals and therefore there may be some savings.</li> </ul>
<b>Usage Monitoring &amp; Impact Assessment</b>	<p><b>Trusts:</b> Monitor usage and report back to APC when requested. Audit to ensure use in line with this recommendation and local pathway (when developed).</p> <p><b>CCGs:</b> Monitor primary care prescribing data. Audit to ensure use in line with this recommendation and local pathway (when developed).</p>
<b>Evidence reviewed</b>	<p><b>References (from evidence evaluation):</b></p> <ol style="list-style-type: none"> <li>1. Leonardi, C. et al. Efficacy and safety of calcipotrine plus betamethasone dipropionate aerosol foam in patient with psoriasis vulgaris - a randomized phase III study (PSO-FAST). <i>Journal of Drugs in Dermatology</i> 2015;14:1468-1477</li> <li>2. Koo J, Tying S, Werschler WP, et al. Superior efficacy of calcipotriene and betamethasone dipropionate aerosol foam versus ointment in patients with psoriasis vulgaris—a randomized phase II study. <i>J Dermatolog Treat.</i> 2016;27:120–127.</li> <li>3. Queille-Roussel C, Olesen M, Villumsen J, Lacour JP. Efficacy of an innovative aerosol foam formulation of fixed combination calcipotriol plus betamethasone dipropionate in patients with psoriasis vulgaris. <i>Clin Drug Investig.</i> 2015;35:239–45.</li> <li>4. Summary of Product Characteristics for Enstilar foam, available <a href="#">here</a>. Date of revision of text: 15 April 2016.</li> </ol>

**NOTES:**

- a) Area Prescribing Committee recommendations and minutes are available publically on member CCG websites.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**