

Clinical Profiles Where an Ointment Vehicle May Be Particularly Appropriate⁶



Localized hyperkeratotic palmoplantar lesions



Recurrent Flares requiring intermittent topical treatment



Thick, chronic plaques particularly on the trunk, extremities, elbows, and knees

DOSAGE AND ADMINISTRATION



Application:

Apply once daily to affected area(s) for up to 4 weeks; discontinue once control is achieved.

Maximum Weekly Dose:

Adults: Max 100 g/week

Pediatric (12–17 years): Max 60 g/week



Precautions & Restrictions:

Do not treat >30% Body Surface Area (BSA).

Avoid occlusive dressings unless directed by a physician.

Avoid use on face, groin, axillae, or areas with skin atrophy.

For topical dermatologic use only (not for oral, ophthalmic, or intravaginal use).

Product Information⁷:

INDICATION AND USAGE: PSORIAZAN® Ointment is a vitamin D analogue and corticosteroid combination product indicated for the topical treatment of plaque psoriasis in patients 12 years of age and older. **DOSAGE FORMS AND STRENGTHS:** Ointment, 0.005%/0.064%. **CONTRAINDICATIONS:** None. **ADVERSE REACTIONS:** The most common adverse reactions (≥ 1%) are pruritus and scaly rash. **WARNINGS AND PRECAUTIONS:** Hypercalcemia and hypercalciuria have been observed. If either occurs, discontinue treatment until parameters of calcium metabolism normalize. • PSORIAZAN® Ointment can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency during and after withdrawal of treatment. Risk factors include the use of high-potency topical corticosteroid, use over a large surface area or to areas under occlusion, prolonged use, concomitant use of more than one corticosteroid-containing product, altered skin barrier, liver failure, and use in pediatric patients. Modify use should HPA axis suppression develop. • PSORIAZAN® Ointment may increase the risk of cataract and glaucoma. If visual symptoms occur, consider referral to an ophthalmologist.

Ref:

1. Gisondi P, Gracia-Cazaña T, Kurzen H, Galván J. Calcipotriol/betamethasone dipropionate for the treatment of psoriasis: mechanism of action and evidence of efficacy and safety versus topical corticosteroids. J Clin Med. 2024;13(15):4484.
2. Elmetts CA, Korman NJ, Prater EF, Wong EB, Rupani RN, Kivelevitch D, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. J Am Acad Dermatol. 2021;84:432–470.
3. Kragballe K, Austad J, Barnes L, Bibby A, de la Brassinne M, Cambazard F, et al. A 52-week randomized safety study of a calcipotriol/betamethasone dipropionate two-compound product (Dovobet/Daivobet/Taclonex) in the treatment of psoriasis vulgaris. Br J Dermatol. 2006 Jun;154(6):1155–60. doi: 10.1111/j.1365-2133.2006.07236.x.
4. Van de Kerkhof PCM, Wasele N, Kragballe K, Cambazard F, Murray S. A two-compound product containing calcipotriol and betamethasone dipropionate provides rapid, effective treatment of psoriasis vulgaris regardless of baseline disease severity. Dermatology. 2005;210:294–299.
5. Raychaudhuri SP, Raychaudhuri SK, Bagchi D, eds. Psoriasis and Psoriatic Arthritis: Pathophysiology, Therapeutic Intervention, and Complementary Medicine. Boca Raton, FL: CRC Press/Taylor & Francis Group; 2018.
6. Rudnicka L, Olszewska M, Goldust M, Waskiel-Burnat A, Warsawik-Hendzel O, Dorczyński P, et al. Efficacy and safety of different formulations of calcipotriol/betamethasone dipropionate in psoriasis: gel, foam, and ointment. J Clin Med. 2021;10:5589.
7. U.S. Food and Drug Administration. Taclonex® (calcipotriene and betamethasone dipropionate) prescribing information. Silver Spring (MD): FDA; 2023.

Psoriazan®

Calcipotriol 0.005% /
Betamethasone Dipropionate 0.064%

Topical Ointment

One
gentle
Solution

for Balanced management
of Plaque Psoriasis

Calcipotriol

Regulates skin cell growth

Betamethasone
Dipropionate

Calms inflammation

Fixed-Dose Topical Combination

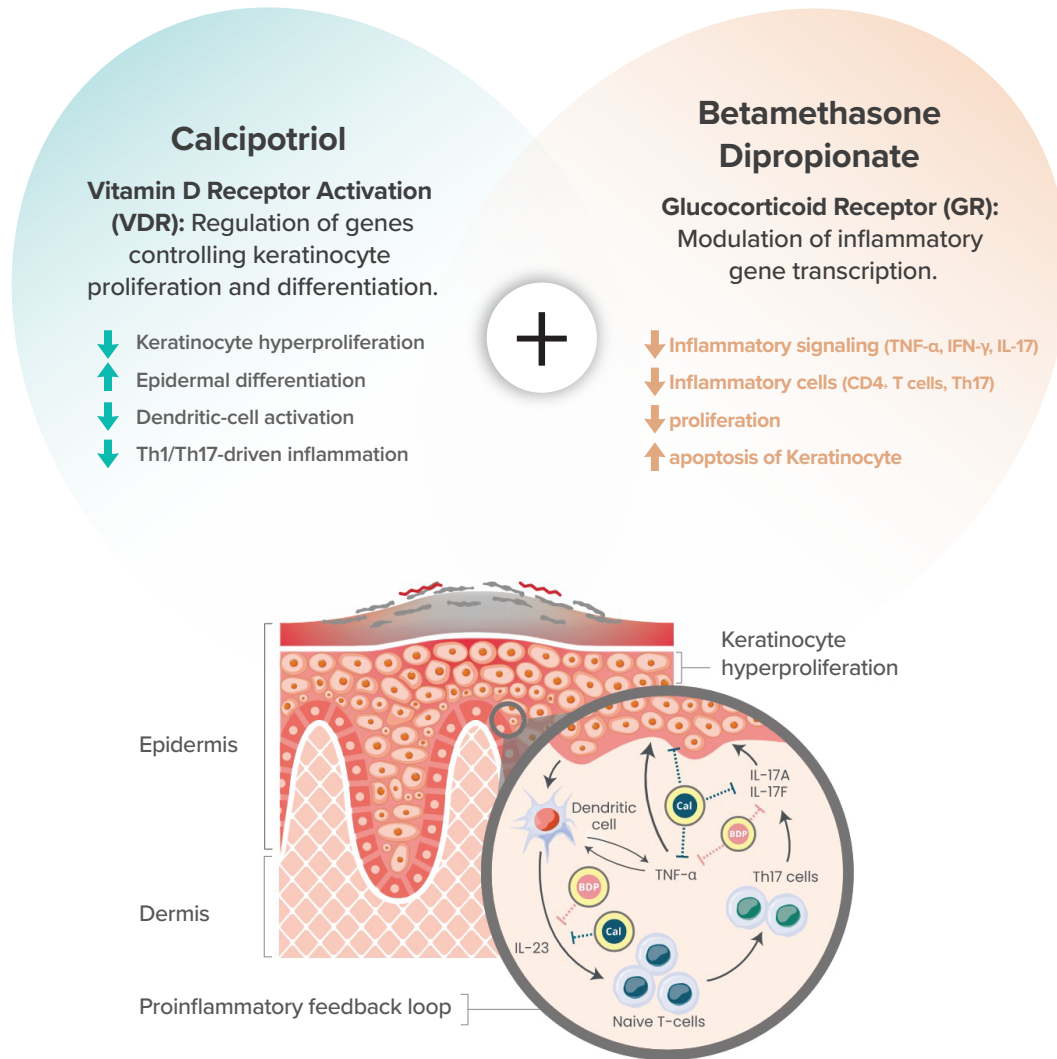
Improving Plaque Psoriasis
Management While Reducing
Corticosteroid Burden.



eRX Code:
74725

Mechanism of Action

The dual mode of action of Calcipotriol and Betamethasone Dipropionate (Cal/BDP) simultaneously address multiple aspects of psoriasis in a complementary and synergistic manner.



- ✓ Additive Suppression of the IL-23/Th17 Inflammatory Axis
- ✓ Complementary Immunomodulation
- ✓ Normalization of Epidermal Differentiation
- ✓ Enhanced Microvascular Restoration
- ✓ Reciprocal Mitigation of Treatment-Related Adverse Effects

key Benefits

01

Effective Plaque Control

- Dual Targeting of the Key Pathogenic Drivers of Psoriasis**
Addresses both epidermal dysregulation and psoriatic inflammation
- Synergistic Immunomodulation & Inflammatory Suppression**
Improvement of erythema, scaling, pruritus, and plaque thickness
- Improved Clinical Efficacy**
Meaningful reduction in PASI score and complete plaque control

02

Balanced Safety Profile

- Reduced Corticosteroid Burden**
 - Optimized corticosteroid exposure
 - Balanced risk-benefit profile
- Optimized Local Tolerability**
 - Better cutaneous tolerability
 - Mild local adverse events

03

Simplified Treatment Experience

- Once-Daily Simplicity**
A convenient once-daily regimen designed to reduce treatment complexity.
- Fixed-dose formulation**
manufactured under GMP conditions, provides consistent quality and dose delivery.

04

Therapeutic Ointment Vehicle

- Enhances Hydration**
Occlusive, emollient vehicle enhances hydration of hyperkeratotic plaques.
- Promotes Penetration**
Promotes softening of scales and facilitates penetration of active ingredients.