Clinical/Medication-Related Issues Identified, and Pharmacist Recommendations:
The following clinical issue has been identified during consultation with a patient currently on therapy for plaque psoriasis:
__________________________________________________________

Current therapy:  

Pharmacist Name: ___________________________ License #: ____________________________
Phone: __________________________ Fax: ____________________________
Signature: __________________________ Date: __________________________

Pharmacist's Pharmaceutical Opinion:

☐ Initiate/Change therapy to topical corticosteroid (specify):

☐ Initiate/Change therapy to topical calcipotriol / betamethasone dipropionate combination

☐ OTHER:

Physician’s Treatment Decision:

☐ No change to therapy ☐ Discontinue current therapy

☐ Change therapy to: ☐ Add therapy:

☐ Refer Patient for follow-up visit ☐ OTHER:

Notes: ____________________________________________________________

Name of Physician: ___________________________ Fax: ____________________________
Signature: __________________________ License #: __________________________

The Canadian Guidelines for the Management of Plaque Psoriasis include the following information:*  

Treatment of mild plaque psoriasis (Chapter 5, page 23 Recommendations):
- Topical corticosteroids may be used as first-line therapies for patients with mild plaque psoriasis
- Other appropriate first-line options include topical calcipotriol and topical calcipotriol/betamethasone dipropionate in combination
- Tazarotene, either alone or in combination with topical corticosteroids may be used in appropriate patients

Treatment of moderate to severe psoriasis (Chapter 6, page 35, Table 1: Therapeutic options for ameliorating moderate to severe plaque psoriasis):**
- Topical agent: calcipotriol/betamethasone dipropionate ointment
- Oral systemic agents: acitretin, cyclosporine or methotrexate.
- Biologic agents: adalimumab, etanercept, infliximab or alefacept.
- Phototherapeutic methods: ultraviolet A with psoralen, or ultraviolet B

Treatment of scalp psoriasis (Chapter 11, page 73, Recommendations):
- For mild to moderate cases, moderately potent to very potent topical corticosteroids and calcipotriol are all appropriate topical treatments
- For severe cases, systemic therapies may be considered


**Please see respective product monographs for complete indications.
**Dovobet®** gel
(calcipotriol / betamethasone dipropionate)

**Indications and Clinical Use**
Dovobet® Gel (calcipotriol/betamethasone dipropionate) is indicated for the topical treatment of:
- moderate to severe scalp psoriasis vulgaris in patients 18 years and older for up to 4 weeks
- mild to moderate plaque psoriasis vulgaris on the body in patients 18 years and older for up to 8 weeks

**Contraindications**
- Disorders of calcium metabolism
- Ophthalmic use
- Viral, fungal or bacterial skin infections, skin tuberculosis, syphilitic skin infections, chickenpox, eruptions following vaccinations, and viral diseases

**Relevant Warnings & Precautions**
- Should not be used on the face, axillae, flexures, groin or genitals
- Skin AE risk: Application on large areas of damaged skin, in skin folds, or under occlusive dressings should be avoided
- Prolonged use of corticosteroid containing preparations may produce striae or atrophy of the skin or subcutaneous tissues
- Post-treatment medical supervision recommended related to the risk of postinflammatory atrophy in sensitive areas
- Hypercalcaemia and hypercalcinuria may occur if the maximum daily dose (15 g), maximum weekly dose (100 g), or maximum treated body surface area (30%) is exceeded
- Monitoring recommendation: baseline and at other suitable intervals for serum calcium levels
- May cause eye irritation. Avoid contact with the eyes or conjunctiva
- Avoid concomitant treatment with other corticosteroids
- Monitoring recommendation for HPA axis suppression related to the systemic absorption of topical corticosteroids
- AE risks with systemic absorption of topical corticosteroids:
  - Manifestations of Cushing’s syndrome, effects on the metabolic control of diabetes mellitus and unmasking of latent diabetes mellitus
  - Dermatitis AE risk
- Not recommended for use in pregnant and nursing women

**Adverse Reactions**
- Most common was pruritus (0.6% body and 2.3% scalp)
- Others, occurring in ≥ 1% of patients: Body: application site pain (0.4%), scalp: headache (0.5%), skin irritation (0.5%), alopecia (0.4%), and erythema (0.4%)

**For More Information**
Please consult the product monograph at www.leopharma.ca/dovobetointment_pm 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 contacting LEO Pharma Medical Information at 1-800-263-4218.

**Notes**
- For More Information
- References

**Dovobet®** (calcipotriol/betamethasone dipropionate)

**Indications and Clinical Use**
Dovobet® (calcipotriol/betamethasone dipropionate) ointment is indicated for the topical treatment of psoriasis vulgaris for up to 4 weeks.

**Contraindications**
- Ophthalmic use
- Viral, fungal or bacterial skin infections, skin tuberculosis, syphilitic skin infections, chickenpox, eruptions following vaccinations, and viral diseases

**Relevant Warnings & Precautions**
- Application on large areas of damaged skin, in skin folds, or under occlusive dressings should be avoided
- Caution on groin and axillae
- Should not be used in children
- Prolonged use of corticosteroid-containing preparations may produce striae or atrophy of the skin or subcutaneous tissues.
- Risk of rebound psoriasis related to discontinuation of corticosteroids after prolonged use
- Measure calcium levels in patients at risk for hypercalcaemia
- Hypercalcaemia can develop but is usually associated with excessive administration (maximum recommended weekly amount of 100 g). If serum calcium levels become elevated, Dovobet® should be discontinued and serum calcium levels measured once weekly until they return to normal.
- Calcipotriol when used in combination with ultraviolet radiation (UVR) may enhance the known skin carcinogenic effect of UVR
- Manifestations of Cushing’s syndrome, hyperglycaemia and glucosuria related to systemic absorption of topical corticosteroids
- Adrenal suppression related to systemic absorption of topical corticosteroids
- Not recommended for use in pregnant and nursing women

**Adverse Reactions**
- Most common was pruritus (5.8%)
- Others, occurring in ≥ 1% of patients: psoriasis (5.3%), skin atrophy (1.9%), folliculitis (1.9%), burning sensation (1.4%), skin depigmentation (1.4%), and erythema (1.0%)

**For More Information**
Please consult the product monograph at www.leopharma.ca/dovobetointment_pm 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 contacting LEO Pharma Medical Information at 1-800-263-4218.

**References**

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