

Giving them
 freedom &
 confidence
 to be who they're
 meant to be.



BENEFITS OF ELIDEL CREAM FOR PATIENTS²⁻⁵

- Keep patients flare-free longer^{2,3}
- Rapid relief in pruritus⁴
- Acceptable safety profile & well tolerated⁵

ABBREVIATED MALAYSIAN PRESCRIBING INFORMATION

Indication: Elidel 1% cream is indicated for short-term and intermittent long-term treatment of mild to moderate atopic dermatitis in non-immunocompromised patients aged 2 years and older, in whom the use of alternative, conventional therapies is deemed inadvisable because of potential risks, or in the treatment of people who are not adequately responsive to or intolerant of alternative, conventional therapies. **Pack size:** Elidel 1% cream is available in tube of 15g. **Dosage & administration:** Apply a thin layer of Elidel 1% cream to affected skin twice daily. Elidel 1% cream may be used on all skin areas, including head, neck and intertriginous areas. Due to the low level of systemic absorption, there is no restriction either in the extent of the body surface area treated or in the duration of treatment. Dosing recommendation for paediatrics is the same as adults. **Contraindications:** Known hypersensitivity to pimecrolimus. **Special warnings & precautions:** Elidel 1% cream should not be applied to areas affected by acute cutaneous viral infections and is not recommended in patients with (1) Netherton's syndrome, (2) severely inflamed or damaged skin or (3) with immunocompromised immune systems. Throughout the course of treatment, it is prudent for patients to avoid natural or artificial sunlight exposure. **Adverse reactions:** Common reactions are application site burning, application site reactions [irritation, pruritus & erythema] and folliculitis. Uncommon to very rare reactions are impetigo, condition aggravated, herpes simplex dermatitis, molluscum contagiosum, rash, pain, paraesthesia, desquamation, dryness, oedema, skin papilloma, furuncle, alcohol intolerance, allergic reactions and skin discoloration. Interactions: Based on its minimal extent of absorption, interaction of Elidel 1% cream with systemically administered drugs are unlikely to occur. Elidel 1% cream also did not interfere with protective immune response to childhood vaccinations. Caution should be exercised when prescribing Elidel 1% cream to pregnant women and nursing mothers should not apply Elidel 1% cream to the breast.

Full prescribing information would be provided upon request.

References

1. Luger T, et al. Recommendations for pimecrolimus 1% cream in the treatment of mild-to-moderate atopic dermatitis: from medical needs to a new treatment algorithm. Eur J Dermatol. 2013;23(6):758-66. Page 763. 2. Sigurgeirsson B, et al. Effectiveness and safety of a prevention-of-flare-progression strategy with pimecrolimus cream 1% in the management of paediatric atopic dermatitis. Journal of the European Academy of Dermatology and Venerology. 2008 Nov 1;22(11):1290-301. 3. Gollnick H, et al. Pimecrolimus cream 1% in the long-term management of adult atopic dermatitis: prevention of flare progression. A randomized controlled trial. British Journal of Dermatology. 2008 May 1;158(5):1083-93. 4. Kaufmann R, Bieber T, Helgesen AL, et al. Onset of pruritus relief with pimecrolimus cream 1% in adult patients with atopic dermatitis: a randomized trial. Allergy. 2006 Mar 1;61(3):375-81. 5. Sigurgeirsson B, et al. Safety and efficacy of pimecrolimus in atopic dermatitis: a 5-year randomized trial. Pediatrics. 2015 Apr 1;135(4):597-606.

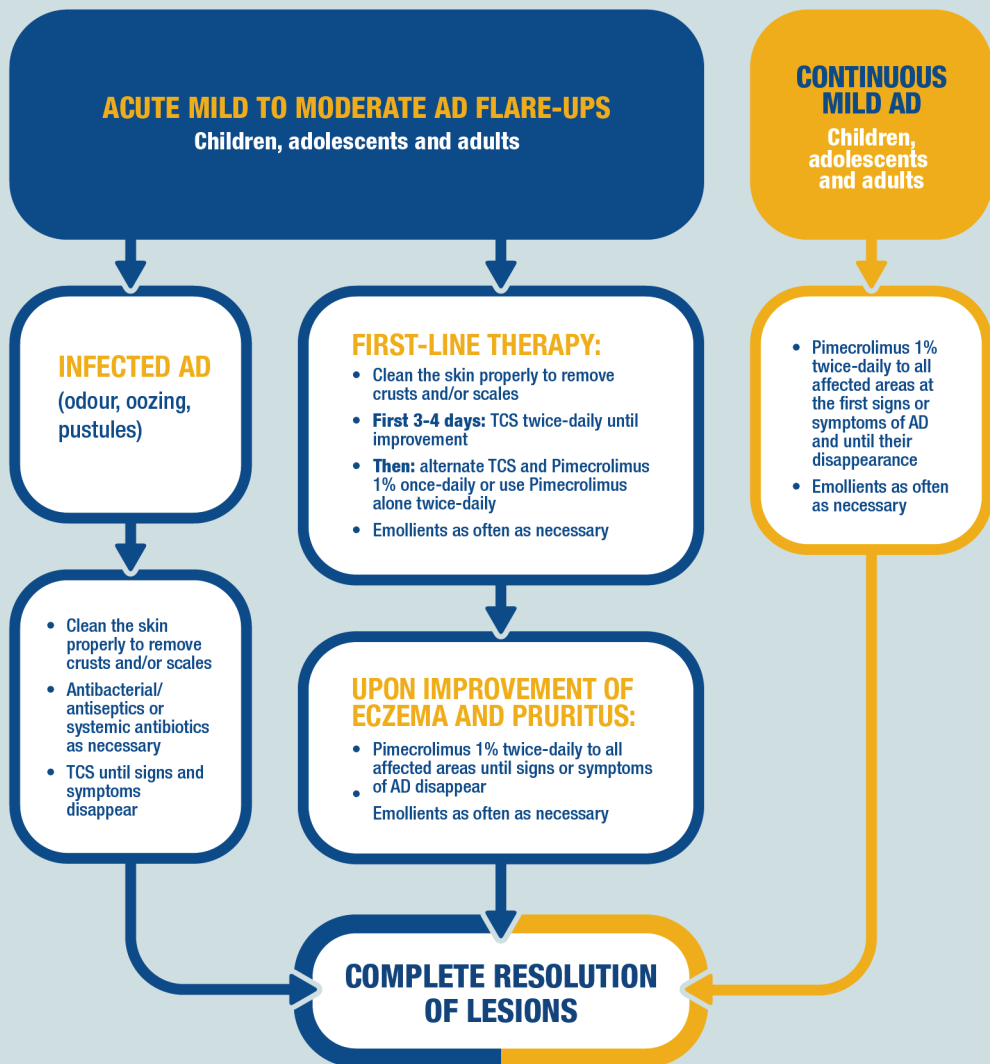
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 MY-ELI-2019-05-04



PIMECROLIMUS 1% CREAM IN THE TREATMENT OF MILD TO MODERATE ATOPIC DERMATITIS: TREATMENT ALGORITHM¹



AD Atopic Dermatitis **TCS** Topical Corticosteroid

- Reserve TCS for the short-term treatment of acute disease flares¹
- Use Elidel following the treatment of an acute flare with TCS¹
- Emollients should be applied as often as necessary to dry skin¹

Adapted from Luger T, De Raevé L, Gelmetti C, et al. Recommendations for pimecrolimus 1% cream in the treatment of mild-to-moderate atopic dermatitis: from medical needs to a new treatment algorithm. Eur J Dermatol. 2013;23(6):758-66. Page 763; Figure 2, Treatment algorithm for mild-to-moderate AD



For Healthcare Professionals Only

RECOMMENDATION BY THE EUROPEAN ATOPIC DERMATITIS 2018 GUIDELINES¹

DOI: 10.1111/jdv.14891

JEADV

GUIDELINES

Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: part I

A. Wollenberg,^{1,2,*} S. Barbarot,³ T. Bieber,⁴ S. Christen-Zaech,⁵ M. Deleuran,⁶ A. Fink-Wagner,⁷ U. Gieler,^{8,9} G. Girolomoni,¹⁰ S. Lau,¹¹ A. Muraro,¹² M. Czarnecka-Operacz,¹³ T. Schäfer,¹⁴ P. Schmid-Grendelmeier,^{15,16} D. Simon,¹⁷ Z. Szalaj,¹⁸ J.C. Szepietowski,¹⁹ A. Taïeb,²⁰ A. Torrelo,²¹ T. Werfel,²² J. Ring,^{16,23} For the European Dermatology Forum (EDF), the European Academy of Dermatology and Venereology (EADV), the European Academy of Allergy and Clinical Immunology (EAACI), the European Task Force on Atopic Dermatitis (ETFAD), European Federation of Allergy and Airways Diseases Patients' Associations (EFA), the European Society for Dermatology and Psychiatry (ESDaP), the European Society of Pediatric Dermatology (ESPD), Global Allergy and Asthma European Network (GA2LEN) and the European Union of Medical Specialists (UEMS)

KEY HIGHLIGHTS¹



Suitability & effectiveness of TCI treatment

- The overall recommendation for Pimecrolimus is for treatment of Atopic Dermatitis (AD) in children & for facial lesions. Overall recommendation for Tacrolimus is for long-term maintenance.
- Treating sensitive body areas such as the face with TCI while treating other affected body areas with a TCS may be a useful and cost-effective strategy.



Safety & tolerability of TCI treatment

- Both TCIs are suitable for long-term treatment of AD.
- The use of topical calcineurin inhibitors is also not associated with increased risk of non-melanoma skin cancer, other malignancies or photocarcinogenicity.
- Some patients experience a transient worsening of skin conditions. These side-effects are more common with Tacrolimus ointment than with Pimecrolimus cream and when they are applied on acutely inflamed skin.



Fast relief of pruritus with TCI treatment

- TCIs relieve significantly pruritus in AD. Itch is completely relieved after the first days of treatment in both adults and children*.

*Twenty-two RCTs were meta-analysed (16 – pimecrolimus 1% cream, 3 - tacrolimus 0.3% ointment, 1 – tacrolimus 0.1% ointment, 1 – tacrolimus 0.03% and 1 – tacrolimus 0.01% ointment).



In summary, Elidel is recommended for:

- Treatment in children & for facial lesions¹
- Long-term treatment of AD¹
- Quick relief of pruritus¹

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TCI: Topical Calcineurin Inhibitor; TCS: Topical Corticosteroids

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Contraindications: Known hypersensitivity to pimecrolimus. **Special warnings & precautions:** Elidel 1% cream should not be applied to areas affected by acute cutaneous viral infections and is not recommended in patients with (1) Netherton's syndrome, (2) severely inflamed or damaged skin or (3) with immunocompromised immune systems. Throughout the course of treatment, it is prudent for patients to avoid natural or artificial sunlight exposure. **Adverse reactions:** Common reactions are application site burning, application site reactions [irritation, pruritus & erythema] and folliculitis. Uncommon to very rare reactions are impetigo, condition aggravated, herpes simplex dermatitis, molluscum contagiosum, rash, pain, paraesthesia, desquamation, dryness, oedema, skin papilloma, furuncle, alcohol intolerance, allergic reactions and skin discoloration.

Interactions: Based on its minimal extent of absorption, interaction of Elidel 1% cream with systematically administered drugs are unlikely to occur. Elidel 1% cream also did not interfere with protective immune response to childhood vaccinations. Caution should be exercised when prescribing Elidel 1% cream to pregnant women and nursing mothers should not apply Elidel 1% cream to the breast.

Reference:

1. Wollenberg A, Barbarot S, Bieber T, Christen-Zaech S, Deleuran M, Fink-Wagner A, et al. Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: part I. Journal of the European Academy of Dermatology and Venereology. 2018 Jun;32(6): 657–682.

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MY-ELI-2019-05-02

Treating Atopic Dermatitis (AD) at sensitive skin area can be challenging.

WHY CAN IT BE CHALLENGING?

Here are some characteristics of sensitive skin¹:

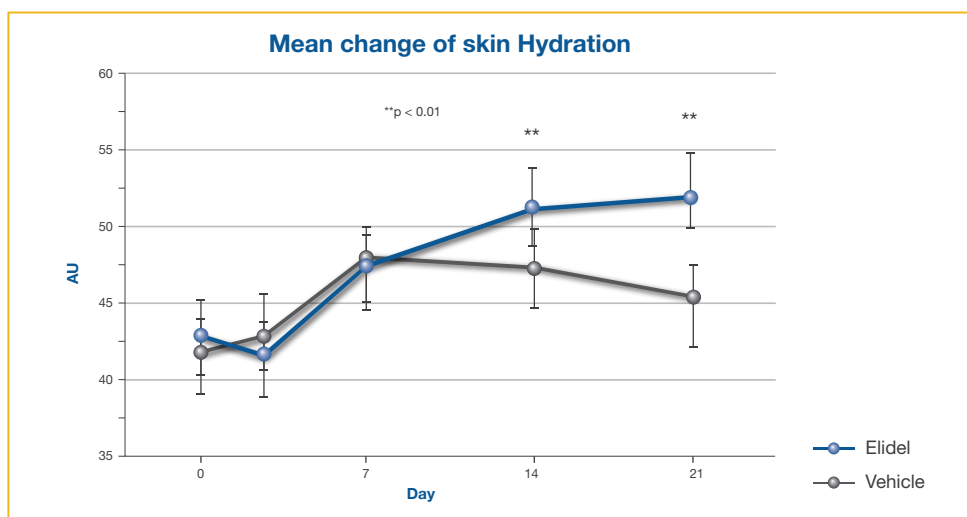
- Sensitive skin has a thinner skin barrier with an imbalance of intercellular lipid of stratum corneum¹
- Sensitive skin has higher transcutaneous penetration¹. Skin absorption is increased about twofold in patients with AD compared with patients with normal skin².
- Almost 80% of patients declared their concern about applying some treatments on sensitive skin areas such as the face, neck and flexures³.



Let Eli show you how Elidel is suitable for treatment of AD in this area¹

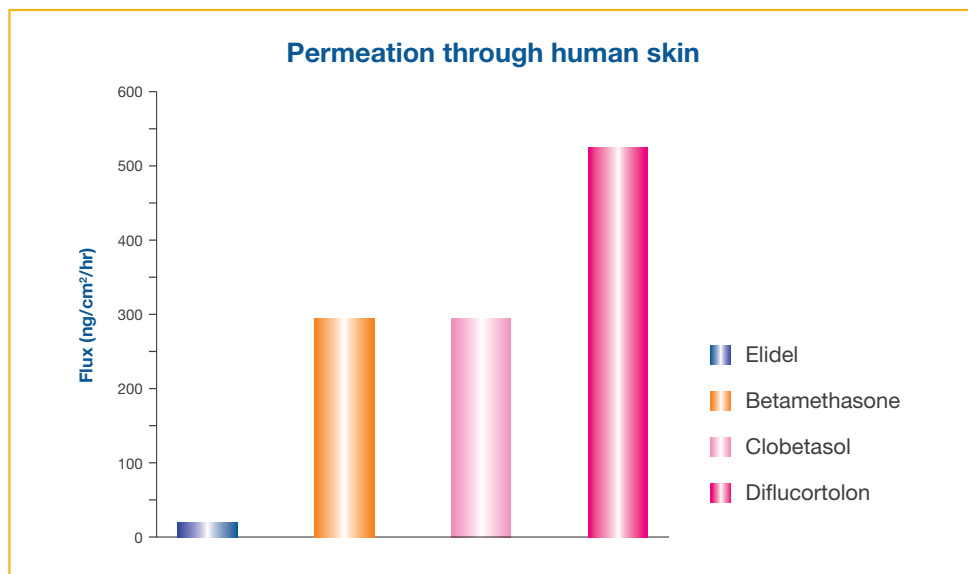
3 REASONS ELIDEL SHOULD BE YOUR PREFERRED TREATMENT FOR AD AT SENSITIVE SKIN AREA

1. Elidel **restores** and **does not damage the skin barrier and lipid bilayer structure**⁴. Treatment with Elidel also provides moisturizing/emollient properties⁵



Adapted from Aschoff R, Schwanebeck U, Bräutigam M, Meurer M. Skin physiological parameters confirm the therapeutic efficacy of pimecrolimus cream 1% in patients with mild-to-moderate atopic dermatitis. *Experimental dermatology*. 2009 Jan;18(1):24-9.

2. Elidel has **negligible systemic bioavailability**. Its permeation through the skin is lower compared to Topical Corticosteroids by a factor 70-110⁶. Results indicate that Pimecrolimus has per se a **lower risk of lower risk of systemic immunosuppression** and may offer a **larger safety margin** than other topical therapeutic options⁶.



Adapted from Billich A, Aschauer H, Aszódi A, Stuetz A. Percutaneous absorption of drugs used in atopic eczema: pimecrolimus permeates less through skin than corticosteroids and tacrolimus. International journal of pharmaceuticals. 2004 Jan 9;269(1):29-35.

3. Proven efficacy and recommended by 2018 JEADV guidelines for use in sensitive skin area.^{7,8}

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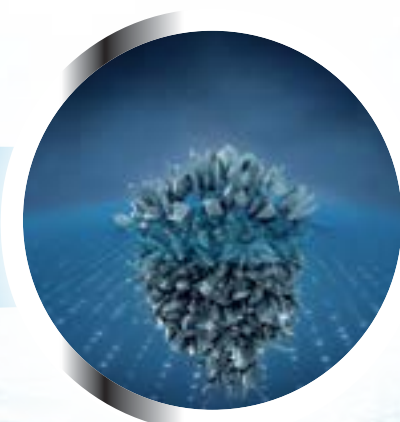
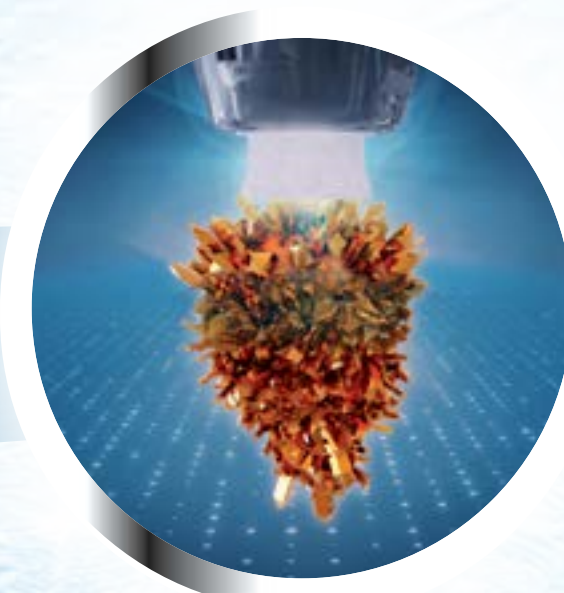
SAY GOODBYE TO WARTS

EndWarts[®] FREEZE

A Unique Ultra freeze technology device that offers fast, easy & effective solution for common warts¹

ULTRA
FREEZE
TECHNOLOGY™

HIGH
PERFORMANCE
Freezes wart in
one treatment?



Reg No : GB3643120-43063

The unique technology can be used on adults and children over 4 years old. EndWarts[®] FREEZE is a medical device. Always read the instructions for use carefully before treatment.

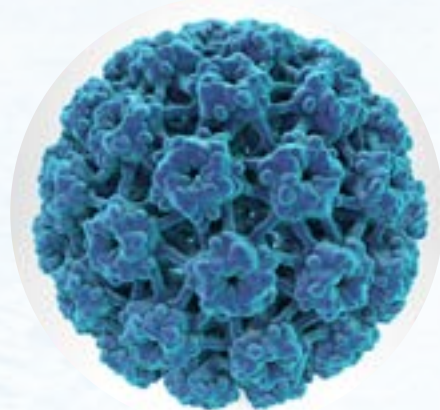
For Healthcare Professionals Only



About Warts

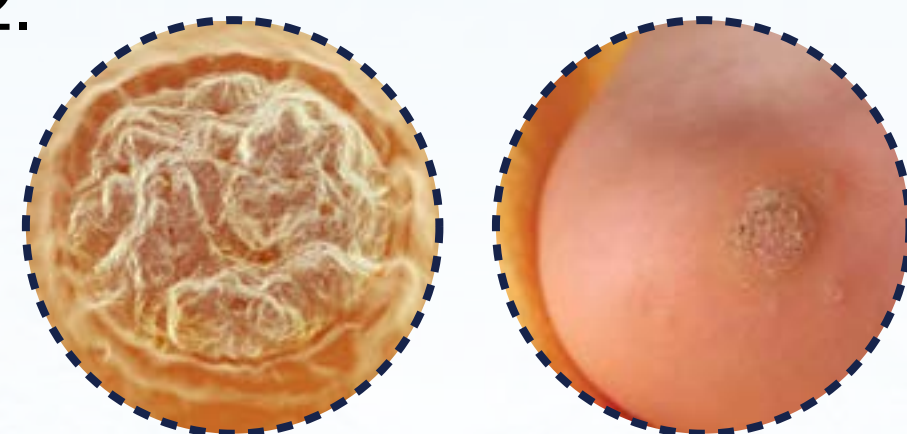
1. Warts are **contagious disease** that is caused by **human papillomavirus (HPV)**.²
2. It has a **rough surface** that may look like **head of a cauliflower**, with **black dots** inside.³

1.



Human Papillomavirus

2.



CRYOTHERAPY

High prevalence of warts and patient's insight



Most people will experience asymptomatic infection with HPV at some time in their life.⁴

10%

Affected ~ 10% of population²



1 in 3 school-ages children will experience warts⁵

up to **76%**

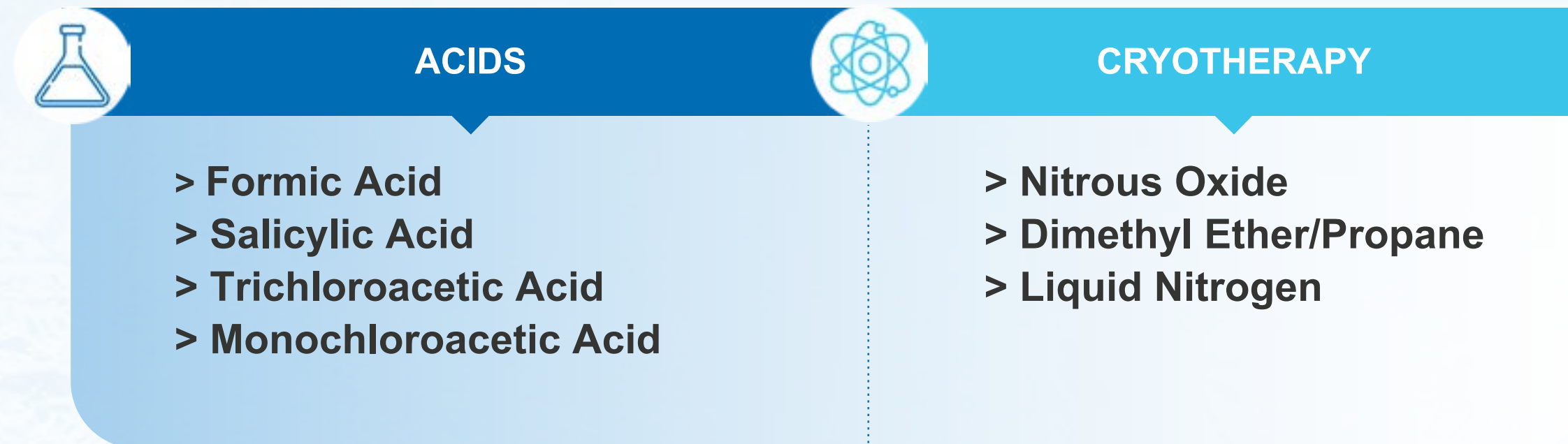
Families that suffered from warts in the past⁶

90%

Insights from patients shows that 90% visited a professional for diagnosis⁴

Differences in wart treatment options

Acids Treatment & Cryotherapy




	Acids Keratolytic therapy that slowly destroys virus-infected epidermis. ⁷	Cryotherapy Necrotic destruction of HPV-infected keratinocytes through the deepest layer of the warts ⁷
Efficacy	Effective on warts treatment. ⁸	<input checked="" type="checkbox"/> Cryotherapy is the most effective for common wart group. ⁹
Duration	Results require weeks to months of treatment. ⁸	<input checked="" type="checkbox"/> Freeze the warts in only one treatment. ¹
Compliance	The patient must strictly adhere to instructions, generally once daily until resolution. ⁸	<input checked="" type="checkbox"/> Once every two weeks. ¹



The only cryotherapy device in market to offer this NEW unique Ultra FREEZE Technology with nitrous oxide, a very cold gas. It freezes the wart at -80°C and reaches the deepest layer of the wart.

EndWarts[®] FREEZE, is an effective and clinically proven cryotherapy treatment for common warts.¹⁰

 Randomized, Controlled, Investigator-Blinded, Comparative Study between EndWarts[®] FREEZE and two other cryotherapy treatments, Wortie[®] and Wartner[®].

 Study objectives evaluate on:

- Cure rate after one to maximum three treatments
- Efficacy and safety

 **Main findings**

- EndWarts[®] FREEZE shows superior cure rate VS Wartner[®] or Wortie[®]
- After a maximum of three applications was significantly ($p = 0.001$) higher cure rate for EndWarts[®] FREEZE at 82% compared to with Wartner[®] at 47.4% and Wortie[®] at 52.8% in PP populations

	ITT	PP
EndWarts [®] FREEZE	70.7%	82%
Wartner [®]	46.2%	47.4%
Wortie [®]	47.5%	52.8%

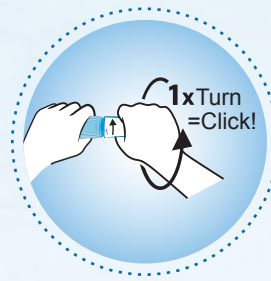
▶ Almost **three times more** subjects were cured after 1 application by EndWarts[®] FREEZE (34%), versus Wartner[®] (10.5%) and Wortie[®] (13.9%). (PP analysis)

**A wart was considered cured if surface area measurements were near zero (cm²), and if there was no presence of roughness and thickness of the skin.*

ITT: Intention-To-Treat; PP: Per-Protocol.



How to use EndWarts® FREEZE



1. ACTIVATE

Before the very first use only.

EndWarts® FREEZE needs to be **activated once**. **Do not remove the cap yet**. Turn the **white part** of the device minimum **one full turn** in the **direction of the arrow** until you notice a **loud click**. Some force is needed. You may hear some soft clicks before. **After you have activated the device successfully, never repeat this step.**



2. LOAD

Before each treatment EndWarts® FREEZE needs to be loaded with cold gas.

Place **EndWarts® FREEZE upright** on a table, with the transparent cap down. Hold the device with a steady grip. With the other hand, **push** the white part of the device **downward for exactly 2 seconds**. Pushing for longer will waste useful doses. Pushing shorter, reduces the freeze effect.



3. CHECK

Remove the transparent cap and **use the product immediately!**

Check that you see **ice vapour**. If there is no ice vapour, repeat step 1.



4. TREAT

Press the tip firmly against the wart.

For best results - the time is crucial!

15 seconds on thin skin (hands, fingers, toes, side/top of feet and arms).



40 seconds on feet Put the cap back on. **DONE!**

After use, store in a refrigerator.

The wart will slowly disappear after 10 to 14 days.

If the wart, or part of it, does not disappear within 14 days repeat steps 1, 2 and 3.

Do not use EndWarts® FREEZE

- on children under 4 years of age
- on the face, groin, genitals, scalp or mucosa
- on healthy skin (skin without warts)
- on warts located on sensitive skin and take particular care when treating areas of thin skin (e.g. around joints)
- if the wart and/or surrounding skin is bleeding or open, irritated, itchy, infected or red
- if you are not sure the growth is a common wart, consult your doctor before use
- on moles, corns, blisters, other skin defects or anything that might be skin cancer (melanoma)
- on liquid filled vesicles on the skin (called 'molluscum contagiosum') or any other vesicles or blisters
- if pregnant or a nursing mother
- if you are diabetic or a person with blood circulation or blood clotting problems
- on multiple warts at the same time, if they are located close together. Wait 14 days before you treat the next wart

CHOOSE EndWarts® FREEZE as your choice for treating common warts¹

- A NEW innovative within Cryotherapy Treatment
- Unique ultra freeze technology, freezes the wart at -80°C with nitrous oxide (N₂O)
- Easy to use Medical Device
- Proven fast and only one treatment needed
- It is widely available in Europe and one of the fast selling cryotherapy for warts treatment¹¹

CRYOTHERAPY

Abbreviated Product Information

Indication: EndWarts® FREEZE is a rapid home treatment that effectively removes warts on hands, arms and feet. The treatment is suitable for adults and children over 4 years old. Function: It is the first home treatment with nitrous oxide, a very cold gas. Through an Ultra Freeze Technology™ it freezes the wart at -80°C and reaches the deepest layer of the wart. EndWarts® FREEZE is a high tech device that is quick and easy to use. Packaging: One package includes one EndWarts® FREEZE device (7,5g nitrous oxide liq.), a set of 7 disposable tips and one Instruction for use. Do not use EndWarts® FREEZE: on children under 4 years of age, on the face, groin, genitals, scalp or mucosa, on healthy skin (skin without warts), on warts located on sensitive skin and take particular care when treating areas of thin skin (e.g. around joints), if the wart and/or surrounding skin is bleeding or open, irritated, itchy, infected or red, if you are not sure the growth is a common wart, consult your doctor before use, on moles, corns, blisters, other skin defects or anything that might be skin cancer (melanoma), on liquid filled vesicles on the skin (called 'molluscum contagiosum') or any other vesicles or blisters, if you are diabetic or a person with blood circulation or blood clotting problems, on warts in a cluster or warts are closer than 3 cm, treat one wart and wait 14 days before you treat the next wart, If you are pregnant or breast-feeding, check with your doctor whether you can use this device. Safety precautions: Do not inhale. For external use only. Keep out of the sight and reach of children. Do not apply for longer than 15 seconds on thin skin (hands, fingers, toes, top/side of feet and arms), or 40 seconds on thick, callous skin (soles of feet). Excessive or incorrect application can cause pain and skin or nerve damage. EndWarts® FREEZE should be used by an adult when treating warts on children. Nitrous oxide is a non-toxic, non-flammable gas, but it will support combustion in case of fire. Keep away from heat/sparks/open flames/hot surfaces. Do not smoke or use close to a naked flame. Pressurized container. May burst if heated. Do not pierce or burn the cartridge even after use - the device is under high pressure and cannot be opened. Side effects: Blisters (possible blood blisters) around the treated area, depigmentation (skin losing its colour), minor burns and scar formation, risk of skin/nerve damage (in case of overexposure) and transient disturbed sensation (tingling, prickling feeling). Storage: Dry and cool place (between 5 – 25°C). Protect from sunlight. Product may be refrigerated but do not store in freezer.

Please refer to full product information before using EndWarts® FREEZE.

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References:-

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