Inflammatory skin conditions

Potent, Practical medicated plaster

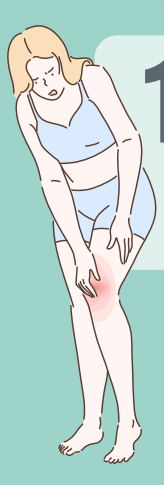
with a uniform metered dose
delivered directly to the affected area

Betesil®

2.250 mg medicated plaster
Betamethasone valerate

Psoriasis

Psoriasis is an inflammatory skin disease that typically follows a relapsing and remitting course Psoriasis can occur at any age, although is uncommon in children (0.71%) and the majority of cases occur before 35 years. Psoriasis is associated with joint disease in a significant proportion of patients (reported in one study at 13.8%).[1]



13.8%
patients with joint disease have psoriasis[1]

Prevalence of psoriasis in the UK estimated to be
1.3 - 2.2%[1]

Plaque Psoriasis

Plaque psoriasis is characterised by well-delineated red, scaly plaques that vary in extent from a few patches to generalised involvement. It is by far the most common form of the condition.[1]

90% about 90% of people with psoriasis have plaque psoriasis[1]

Psoriasis and Mental Health

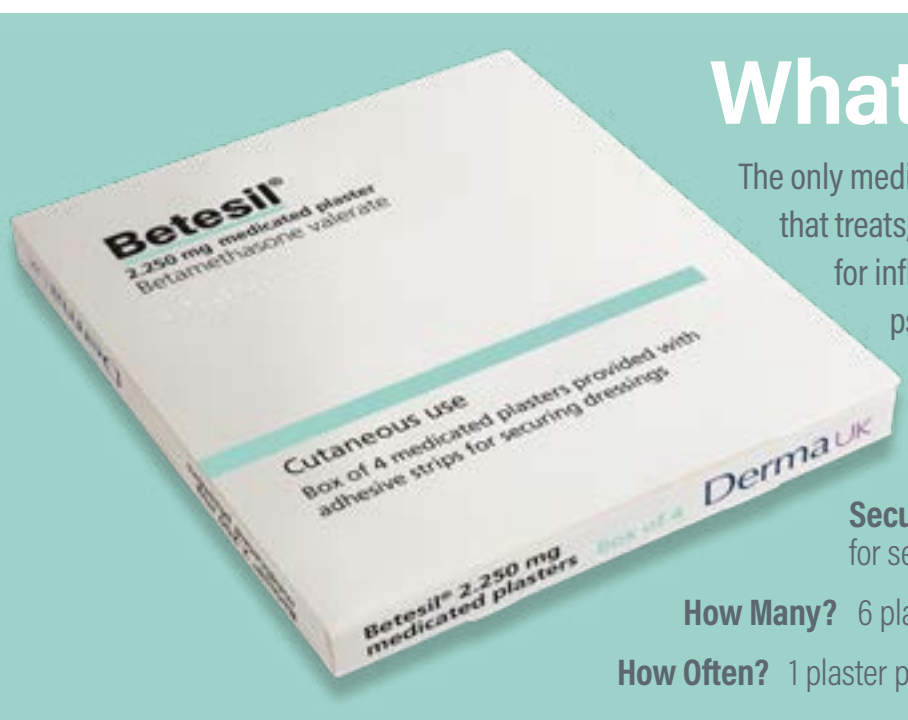
> *It's in our nature to be pessimistic, not to complain and not to seek help. People with psoriasis are pre-programmed to suffer in silence.*
>
> *But it isn't acceptable to put up with a condition as unpleasant as psoriasis, and no one should feel guilty about feeling sorry for themselves or wanting to be treated."* - *Tony Hadoke*[2]

A digital study by PsoHappy app suggests that people with psoriasis:[3]

24%
less happy than the average Briton

50%
had low self esteem

41%
rarely felt confident



What is BETESIL?

The only medicated plaster containing a potent steroid that treats, protects, and provides a metered dose for inflammatory skin conditions and plaque psoriasis.[4]

What's in the pack?
Box of 4 or 8 medicated plasters (10 x 7.5 cm)

Secure? Adhesive strips included for securing dressings

How Many? 6 plasters/day maximum

How Often? 1 plaster per plaque every 24 hours

Maximum Treatment? 30 days until plaque improves, then if needed continue treatment with a less potent level corticosteroid

Uniform metered dose

- Action is targeted specifically on the application area
- Localised, uniform concentration of Betamethasone valerate: 2.250 mg[(4)]
- 1 plaster lasts 24 hours*
- Max daily dose 6 plasters, max 5% of body surface, max treatment period 30 days
- For a total area of >5%, always stagger treatment

Find out more

Arrange a demonstration
With your local NHS Partnership Liaison Manager

View the
Application Guide Video

Download the
Patient Application Guide

Download the
Cutting Template

Go to **betesil.co.uk** to find out more

References:

1. NICE, Psoriasis: assessment and management [website], https://www.nice.org.uk/guidance/cg153/chapter/Introduction, (accessed 15th January 2024).
2. NHS, Psoriasis: 'Don't suffer in silence' [website], https://www.nicswell.co.uk/live-well/psoriasis-dont-suffer-in-silence/ (accessed 15th January 2024).
3. Netdoctor, How psoriasis affects your mental health [website], https://www.netdoctor.co.uk/beauty/skincare/a27570/how-psoriasis-affects-your-mental-health/ (accessed 15th January 2024).
4. Derma UK Ltd., 'Summary of Betesil® Product Characteristics (SmPC).' 2022.

Abbreviated Prescribing Information for BETESIL® 2.250 mg medicated plaster. Please refer to the full Summary of Product Characteristics (SmPC) prior to prescribing.
Presentation: A colourless, medicated plaster, containing 2.250 mg of betamethasone valerate (corresponding to 1.845 mg of betamethasone). **Indications:** Indicated in adults for the treatment of inflammatory skin disorders which do not respond to treatment with less potent corticosteroids, such as eczema, lichenification, lichen planus, granuloma annulare, palmoplantar pustulosis and mycosis fungoides. Also suitable for chronic plaque psoriasis localized in difficult to treat areas (e.g., knees, elbows, and anterior face of the tibia). Overall, the surface area treated with BETESIL should not exceed 5% of the body surface). **Dosage and Administration:** Apply the medicated plaster to the skin area to be treated once a day. Do not exceed the maximum daily dose of six medicated plasters and the maximum treatment period of 30 days. A new medicated plaster must be applied every 24 hours. Wait at least 30 minutes between one application and the next. Once an appreciable improvement has been obtained, discontinue application and consider continuing treatment with a less potent corticosteroid. The safety and efficacy in children aged <18 years has not yet been established. For full details of usage please refer to the relevant section of the SmPC. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Cutaneous tuberculosis and viral skin infections (including vaccinia pustules, herpes zoster and herpes simplex). Exudative lesions and primary skin infections caused by fungi or bacteria (e.g. syphilitic skin lesions). Acne, acne rosacea, perioral dermatitis, skin ulcers, burns and frostbite. Do not apply to face. Do not use on patients under 18 years of age. **Precautions and Warnings:** Caution in patients with visual disturbance. Cataract, glaucoma or rare diseases such as central serous chorioretinopathy have been reported with systemic and topical corticosteroid use. Use of topical corticosteroids on large areas of the body and for prolonged periods, as well as the use of an occlusive dressing can cause a temporary suppression of the hypothalamus-pituitary-adrenal axis, leading to secondary hypoadrenalism and adrenal hypercorticism, including the Cushing's syndrome. In these situations, treatment should be discontinued gradually and under strict control of a doctor due to the risk of acute adrenal insufficiency. Sudden withdrawal of the treatment in psoriatic patients, may also lead to symptoms exacerbation or generalized pustular psoriasis. Prolonged use in diffuse psoriasis (except for the treatment of isolated plaques) or diffuse eczema or application on lesions located in skin folds is not recommended, as these conditions may increase systemic absorption. The use of occlusive bandages, especially with plastic material, may increase this effect. The symptoms of this are: facial redness, weight changes (fat increase in body and face and loss in legs and arms), reddish streaks on stomach, headache, menstrual alterations, or an increase in unwanted face and body hair. In this regard, it is known that certain skin areas (face, eyelids, armpits, scalp and scrotum) absorb more easily than others (skin on the knees, elbows, palms of the hands and feet on soles). Long term continuous or inappropriate use of topical steroids can result in the development of rebound flares after stopping treatment (topical steroid withdrawal syndrome). Application of topical medicinal products, especially if prolonged, may give rise to hypersensitivity reaction. Skin atrophy has also been reported after three-week treatment periods. In case of drug intolerance, for example if skin irritation or contact dermatitis occurs during treatment, it is necessary to stop the medicated plaster application and start suitable treatment (see section 4.8 of the SmPC, "Undesirable effects"). Corticosteroids may affect the results of the nitroblue tetrazolium test (NBT) for diagnosing bacterial infections by producing false negatives. Medicinal products containing corticosteroids must be used with caution in patients with impaired immune system function (T-lymphocytes) or in those being treated with immunosuppressive therapy. The product contains methyl parahydroxybenzoate and propyl parahydroxybenzoate, which may cause hypersensitivity reactions (possibly delayed). There are no or limited amount of data from the use of betamethasone valerate in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). Betesil is not recommended during pregnancy and in women of childbearing potential not using contraception. **Undesirable Effects:** Commonly reported side effects are skin and subcutaneous tissue disorders, occurring in about 15% of patients treated. All cases reported during controlled clinical trials were found to be common (≥1/100, <1/10): skin atrophy, telangiectasia, pustules, papules, furuncle, erythema, pruritus, skin erosion. These undesirable effects are local effects on the skin in the plaster application area. The frequency of withdrawal syndrome is not known. No systemic effects have been observed. Prescribers should consult the summary of product characteristics for other more general considerations on side effects reported with use of corticosteroids for cutaneous use. **Precautions for Storage:** Do not store above 25°C. Store the medicated plaster in its original sachet to preserve its integrity. For storage conditions after first opening of the medicinal product, see SmPC. **Legal Category:** POM. **Package Quantities:** A carton containing four or eight envelopes, each envelope contains one 7.5 cm x 10 cm medicated plaster containing 2.250 mg of betamethasone valerate. **Marketing Authorisation Number and Holder:** PL 21039/0009. IBSA FARMACEUTICI ITALIA S.R.L. VIA MARTIRI DI CEFALONIA 2 LODI -26900 ITALY. **Basic NHS Price:** £13.98 per pack of four BETESIL®2.250 mg medicated plasters. £27.46 per pack for eight BETESIL®2.250 mg medicated plasters. **Date of preparation of Prescribing Information:** November 2023.
Further information can be found in the Summary of Product Characteristics or from: Derma UK Ltd, The Toffee Factory, Lower Steenbergs Yard, Quayside, Ouseburn, Walker Rd, Newcastle upon Tyne, Tyne and Wear, NE1 2DF.

Adverse events should be reported. Information about adverse event reporting can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Derma UK Ltd, UK on 0191 375 9020.

www.dermauk.co.uk
Derma UK Ltd, Toffee Factory, Ouseburn, Newcastle upon Tyne NE1 2DF.
Please contact us on +44 (0) 191 375 9020 **E:** info@dermauk.co.uk

BET/104/0124 Date of preparation: January 2024