

Table 1. Topical Therapies Used in Psoriasis

Topical therapy	Use and efficacy	Limitations
<p>Vitamin D analogues</p> <p>Calcitriol; combination calcipotriene/calcipotriol</p>	<p>Efficacy:</p> <p>Modest when used alone and relatively slow onset of action⁴⁸</p> <p>In the same vehicle, calcipotriene and calcitriol are generally equally efficacious⁴⁹</p> <p>Amount and duration: use twice daily</p> <p>Maximum dose in adults: <100 g per week</p> <p>In children: <50 g per week^{50,51}</p>	<p>The most common adverse effects include skin irritation, burning, pruritus, and edema; systemic absorption generally does not result in adverse outcomes unless patient has severe renal insufficiency</p> <p>Calcipotriene may be inactivated by phototherapy; therefore apply after phototherapy</p>
<p>Topical calcineurin inhibitors</p> <p>Tacrolimus 0.03% or 0.1%; pimecrolimus 1%</p>	<p>Efficacy:</p> <p>Depending on the topical calcineurin inhibitor, they can be similar to class IV to class VII topical corticosteroids of calcipotriol^{52,53}</p> <p>Tacrolimus 0.03% ointment and pimecrolimus 1% cream are used for face, axillary, and groin regions</p> <p>Amount and duration: use twice daily</p>	<p>Burning and pruritus may occur but typically lessens over time; prior treatment with topical corticosteroids can reduce skin irritation</p> <p>Topical calcineurin inhibitors have acceptable safety profiles; although boxed warning exists for risk of malignancy, no causal link has been identified with topical use in patients with psoriasis</p> <p>Slower onset of action compared with topical corticosteroids</p>