




Topical Corticosteroids: Comparison Chart

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DRUG/STRENGTH (grouped by formulation & potency)	BRAND NAME 	POTENCY ^{1,2,3,4} & \$ Ultra-High ---Mid ----Low-							SIZE / COMMENTS	
		1	2	3	4	5	6	7		
CREAMS → cause less occlusion, are suitable for non-acute, wet lesions & tend to be cosmetically more acceptable										
Betamethasone dipropionate glycol 0.05%	Diprolene Glycol, Topilene Glycol ^{PB}	\$26							High Potency agents: reserve for resistant conditions/ thick skin areas due to potential for local & systemic side effects.	15,50g PG, •
Clobetasol propionate 0.05%	Dermovate, Others	\$22							Ultra Potent agents: • max -50g/week; • limit duration • apply OD-BID	15,50g PG
Desoximetasone 0.25%	Topicort ^{PB, WA}	\$29								20,60g •
Fluocinonide 0.05%	Lidex, Lyderm Lidemol (Emollient Base•)	\$24 \$27								15,60g PG •
Halcinonide 0.1%	Halog	\$26								15,30,60g PG
Halobetasol propionate 0.05%	Ultravate  Exception Drug Status in Sask. ▼	\$34								15,50g
Betamethasone dipropionate 0.05%	Diprosone, Taro-Sone ^{PG} ; Lotriderm ^{1%} clotrimazole OH PG	\$15								15,50,450g •
Amcinonide 0.1% Ratio, Amcort \$17	Cyclocort (lanolin, paraben, PG, tartrazine, urea free •)	\$25								15,30,60g OH, •
Beclomethasone dipropionate 0.025%	Propaderm	\$28								15,45g OH
Clobetasone butyrate 0.05%	Eumovate	\$23								15,30g
Desoximetasone 0.05%	Topicort Mild ^{PB, WA} , Desoxi	\$23								20,60g •
Diflucortolone valerate 0.1%	Nerisone Cr ^{PB} , Nerisone Oily Cr (NP), (Nerisalic oily ^{3% SA} x▼)	\$21								30g •
Mometasone furoate 0.1%	Elocom (Once daily recommended)	\$30								15,50,100g PG
Triamcinolone acetonide 0.1%	Kenalog, Triaderm, Aristocort-R ^{R-reg}	\$10								15,30,500g PG
Betamethasone valerate 0.1% 0.05%	Betaderm ^{PG} , Ratio-Ectosone ^{PB} Betaderm ^{PG} , Ratio-Ectosone ^{Mild} ^{PB}	\$8								15,~450g • low cost
Fluocinolone acetonide 0.025% 0.01%	Fluoderm regular ⊗ Fluoderm mild ⊗	\$19 \$10								15,500g PG, PB
Hydrocortisone valerate 0.2%	Westcort, Hydroval ^{PB}	\$14								15,45,60g PG, •
Triamcinolone acetonide 0.025%	Triaderm	\$9								15,30,500g PG
Desonide 0.05%	Desocort	\$17							Low Potency: preferred when necessary on thin skin areas, in elderly, young children or infants or if used long-term. Caution if on face or thin skin areas!	15,60g PG
Hydrocortisone/Urea 1%/10%	Uremol-HC	\$14								50,225g PG ;8-15°C
Hydrocortisone 2.5% 1% 0.5% (OTC)	Emo-Cort Hyderm, Emo-Cort Hyderm, others	\$15 \$8 \$13								45,225g OD-QID 15,~450g low cost
OINTMENTS → Ointments are more occlusive, greasy; more effective in dry, scaly, or hyperkeratinized skin areas										
Betamethasone dipropionate glycol 0.05%	Diprolene glycol, Topilene glycol	\$26							High Potency agents: -see comments above in the cream section	15,50g PG
Betamethasone dipropionate 0.05%+SA 3%	Diprosalic (SA=Salicylic Acid-karatolytic)	\$32								15,50g •psoriasis
Clobetasol propionate 0.05%	Dermovate ^{PG} , Others ^{PG}	\$22								15,50g ^{PB & lanolin free}
Halobetasol propionate 0.05%	Ultravate  Exception Drug Status in SK ▼	\$34							Ultra Potent agents: -see comments above in the cream section	15,50g PG
Amcinonide 0.1%	Cyclocort \$25 (tartrazine free); Ratio	\$17								15,30,60g OH
Betamethasone dipropionate 0.05%	Diprosone, Topisone	\$15								15,50,450g
Desoximetasone 0.25%	Topicort	\$29								20,60g PG
Fluocinonide 0.05%	Lidex, Lyderm	\$20							Ointments MORE potent than creams!	15,60g PG
Halcinonide 0.1%	Halog	\$24								30,60g
Betamethasone valerate 0.1%	Betaderm	\$8								454g low cost
Mometasone furoate 0.1%	Elocom, Ratio (Once daily recommended)	\$22								15,50,100g PG
Triamcinolone acetonide 0.1% 0.1% oral top	Kenalog, Triaderm ^{PB} , Aristocort R (NP) Kenalog Orabase/Oracort Dental •7.5g=\$18	\$13								15,30,454g •
Clobetasone butyrate 0.05%	Eumovate	\$23								15,30g
Diflucortolone valerate 0.1%	Nerisone (NP)	\$21								30 g
Fluocinolone acetonide 0.025%	Fluoderm ^{PB} ; Synalar Reg. (NP) ^{60g}	\$11								15,454g •
Hydrocortisone valerate 0.2%	Westcort, Hydroval ^{PB}	\$14								15,60g PG, •
Betamethasone valerate 0.05%	Betaderm	\$8								454g low cost
Desonide 0.05%	Desocort	\$17							Low Potency: -see comments above in the cream section	15,60g
Hydrocortisone 1%; 0.5% (OTC)	Cortoderm ^{PB} (1% Cortate D/C'd ²⁰⁰⁴)	\$8								15,~450g OD-QID

Other steroidal: prednicarbate 0.1% crm, oint; **Dermatop;** Potency Group 5; \$25/30g X ∅ (possibly less skin atrophy than other mid-potency agents) ^{5,6}

Non-steroidal: tacrolimus 0.03%, 0.1% oint; **Protopic** \$89/30g ∅. Pimecrolimus 1% crm; **Elidel** \$77/30g ∅→. Use BID; ↓ atrophy; burning, ↑ skin infection- csteroids)

FDA Mar/05 cancer warning: a few human reports & in 3 different animal species as amount of drug ↑ so did risk of cancer. ⁷

DRUG/STRENGTH ^C (by formulation & potency)	BRAND NAME  	POTENCY & \$							SIZE / COMMENTS	
		Ultra--High -- Mid --- Low-	1	2	3	4	5	6		7
GELS → Gels are non-occlusive, non-greasy, quick drying, & do not leave residue; useful on hairy areas, face; irritating										
Desoximetasone 0.05%	Topicort Gel		\$25						20,60g	OH
Fluocinonide 0.05%	Lyderm, Topsy Gel NP		\$20						15,60g	PG, •
LOTIONS / SOLUTIONS → Least occlusive; preferred in acute weeping lesions; axilla, foot, groin & hairy areas										
Betamethasone dipropionate glycol 0.05% lot.	Diprolene Glycol, Topilene Glycol		\$41						30,60ml	PG, OH
Betamethasone dipropionate 0.05%+SA 2% lot.	Diprosalic, Topisalic (SA=Salicylic Acid)		\$32					Max ~50ml/wk with Ultra potent agents	30,60ml	OH, •
Clobetasol propionate 0.05% scalp lot. 0.05% topical solution	Dermovate, Others		\$33						20,60ml	OH
	Taro-clobetasol x ▼		\$31							
Halcinonide 0.1% solution	Halog		\$36						60ml	
Betamethasone dipropionate 0.05% lot.	Diprosone, Topisone, Taro-sone				\$22			{?AHFS-Group 5}	30,75ml	OH
Amcinonide 0.1% lotion	Ratio ^{\$24} : Cyclocort (lanolin,PG,tartrazine,urea free•)						\$38		20,60ml	OH, •
Beclomethasone dipropionate 0.025% lotion	Propaderm						\$33		20,60ml	PG
Mometasone furoate 0.1% lotion	Elocom						\$43		30,75ml	PG, OH
Betamethasone valerate 0.1% scalp lot. 0.1% lotion 0.05% lotion	Valisone, Ectosone, Betaderm						\$14		30,75ml 60ml 60ml	OH OH, PB OH, PB
	Ratio-Ectosone						\$25			
	Ratio-Ectosone Mild						\$21			
Fluocinolone acetonide 0.01% solution shampoo topical oil	Synalar ⊗						\$36		60ml 180ml 118ml	PG; NP PG, PB
	Capex (12mg capsule+shampoo base)						\$25			
	Derma-Smoothe/FS OH, peanut oil						\$25			
Desonide 0.05% lotion	Desocort							\$18	60,120ml	PB, PG
Hydrocortisone / Urea 1%/10%	Uremol-HC keratin softening/hydrating							\$15	150ml	
Hydrocortisone 2.5% scalp solution 2.5% lotion 1% lotion 0.5% lotion	Emo-cort OH							\$21	Emo-Cort=60ml Sarna-HC 2.5%=75ml 1% =150ml Cortate=30ml	
	☒ Sarna-HC (camphor & menthol)							\$20		
	Emo-Cort							\$21		
	☒ Sarna-HC (camphor & menthol)							\$14		
	Emo-Cort							\$18		
Cortate (D/C by company 2004)								\$15		

Cost =total cost for 30g/60ml in Sask. Lowest price alternative used where avail. ☒ =not interchangeable in Sask. x non-formulary in SK ▼=covered by NIHB ⊗=not NIHB
• = brand specific info in brand section; OH = benzyl or isopropyl alcohol; NP = no preservatives; PB = parabens; PG = propylene glycol; WA = wool alcohol

Table 4: Potency * Classification^{1,2,3} - Ultra high potency steroids are up to 1000 times more potent than hydrocortisone

Group 1=Ultra High Potency	<ul style="list-style-type: none"> •reserve for resistant conditions; high potential for serious side effects (local & systemic) •suitable for short term intermittent use in severe eczematous dermatoses and psoriasis •often required for palms, soles, & scalp where thickened skin may require prolonged Tx
Group 2,3 = High Potency	<ul style="list-style-type: none"> •generally limit to OD-BID, & length of Tx. to ≤2-4 weeks followed by less potent agent •avoid use on large areas, thin skin areas, skin folds, in young children/infants, face
Group 4,5 = Mid Potency	<ul style="list-style-type: none"> •suitable for intermittent long term use, chronic use in thick skin areas (hand eczema) •avoid on thin skin areas; extreme CAUTION if used on face, intertriginous areas (severe adverse effects)
Group 6,7 = Low Potency	<ul style="list-style-type: none"> •safest for use in children, infants & elderly or when covering large or higher risk areas (face, eyelids, skin flexures, scrotum); CAUTION still required! •suitable for maintenance of most chronic conditions after initial control obtained •often applied BID-QID; apply less frequent (OD-BID) if ongoing use

*Actual potency may vary considerably depending on: site of application, skin condition, use of occlusion, and individual patient variation.

Table 5: Quantities of Cream Required in an Adult⁸

Single Application	Area	Amount Needed to Apply BID X7 Days
1g	1 hand	15g
2g	2 hands; head; face; genital	30g
3g	1 arm; front or back of trunk	45g
4g	1 leg	60g
30-60g	Whole body	500-1000g

* 1g of cream should cover ~100cm² of area. Ointments spread easier than creams ∴ 5-10% less ointment may be required than cream.

Table 6: Non-steroid Emollients

A&D Ointment	•lanolin, petrolatum, light mineral oil
Alpha-Keri® (bath oil / soap)	• mineral oil, lanolin / glycerin
Aveeno® (bath oil, lotion, oiled powder & bar)	•colloidal oatmeal
Eucerin® (cream, lotion)	•petrolatum & petrolatum liquid
Hydrous Emulsifying Ointment (HEO)	
Keri® (lotion)	• mineral oil, lanolin
Lubriderm AHA® (cream, lotion)	•lactic acid; Lubriderm® lotion
Nutraderm® (lotion)	•light mineral oil
Sarna® Lotion	•contains camphor-menthol-phenol
Uremol® 10% , (cream, lotion); 20% (cream)	• urea
Vaseline® (ointment); Vaseline Intensive Care® (lotions,creams)	

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- ¹ American Hospital Formulary System (AHFS) Drug Information 2004.
- ² Merck Manual of Diagnosis and Therapy 1999 (<http://www.merck.com/pubs/mmanual/tables/110tb1.htm> access verified May 27, 2003)
- ³ WHO Model Prescribing Information: Drugs Used Dermatology, draft 1995.
- ⁴ Stoughton R. The vasoconstrictor assay in bioequivalence testing: practical concerns and recent developments. *Int J Dermatol* 1992; Suppl 1:26-28.
- ⁵ Brazzini B, Pimpinelli N. New & established topical corticosteroids in dermatology: clinical pharmacology and therapeutic use. *Am J Clin Dermatol*. 2002;3(1):47-58.
- ⁶ Korting HC, Unholzer A, Schafer-Korting M, Tausch I, Gassmueller J, Nietsch KH. Different skin thinning potential of equipotent medium-strength glucocorticoids. *Skin Pharmacol Appl Skin Physiol*. 2002 Mar-Apr;15(2):85-91.
- ⁷ FDA Issues Public Health Advisory Informing Health Care Providers of Safety Concerns Associated with the Use of Two Eczema Drugs, Elidel and Protopic Mar 10, 2005 <http://www.fda.gov/bbs/topics/ANSWERS/2005/ANS01343.html>