Halobetasol propionate is a potent topical corticosteroid for dermatological use. The corticosteroid is used for inflammatory skin conditions. Halobetasol propionate Ointment contains 0.5 mg/g of halobetasol propionate in a base of mineral oil, cetearyl alcohol, cetyl alcohol, cocoate, petrolatum, propylene glycol, sorbitan sesquioleate, and stearoyl cetearyl.

**CLINICAL PHARMACOLOGY**

Like other topical corticosteroids, halobetasol propionate has an anti-inflammatory, anti-pruritic and vasoconstrictive action. The mechanism of the anti-inflammatory activity of the topical corticosteroids in general, is unclear. However, corticosteroids are thought to act by the induction of phospholipases A2, A4, and protein kinases, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospha-

**Pharmacokinetics**

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle and the integrity of the epidermal barrier. Occlusive dressings with hydrocor-

**Indications and Usage**

Halobetasol Propionate Ointment 0.05% is a super-high potency corticosteroid indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Treatment beyond two consecutive weeks is not recommended, and the total dosage should not exceed 50 g/week. In controlled clinical trials, the most frequent adverse reactions were pustulation, erythema, skin atrophy, leukoderma, acne, itching, secondary infection, striae have been reported with inappropriate use of topical corticosteroids. Systemic absorption of topical corticosteroids can occur, leading to a decrease in plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include papilledema, headaches, and bilateral papilledema.

**Geriatric Use**

Of approximately 850 patients treated with Halobetasol Propionate Ointment in clinical studies, 21% were 61 years and over and 6% were 71 years and over. No overall differences in safety or effectiveness were observed between these patients and younger patients; and other reported clinical experience.

**ADVERSE REACTIONS**

In controlled clinical trials, the most frequent adverse events reported for Halobetasol Propionate Ointment included stinging or burning in 1.6% of the patients. Less frequently reported adverse re-

**OVERDOSAGE**

Topically applied Halobetasol Propionate Ointment can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS).

**Dosage and Administration**

Apply a thin layer of Halobetasol Propionate Ointment to the affected skin once or twice daily, as directed by your physician, and rub in gently and completely.

**Contraindications**

Halobetasol Propionate Ointment is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.