Table 1. Topical Therapies Used in Psoriasis

Topical therapy	Use and efficacy	Limitations
Topical corticosteroids		
Class I (betamethasone dipropionate, clobetasol propionate 0.05% cream, diflucortolone valerate [not available in the United States], fluocinonide, flurandrenolide 0.1%, halobetasol propionate 0.05%) ^a	Efficacy: depends on class	With frequent and prolonged use of high-potency topical corticosteroids in normal-appearing skin or intertriginous areas, the following adverse effects may occur: skin atrophy, telangiectasia, and striae
	Amount and duration:	
	For acute management, use twice daily until lesions are clear or almost clear For proactive maintenance, apply topical corticosteroids, vitamin D analogue, or topical calcineurin inhibitors twice per week to clinically quiescent lesions (eg, Monday and Thursday)	
		Regular examinations are recommended with long-term use
Class II (amcinonide ointment 0.1%, mometasone furoate 0.1% ointment, clobetasol propionate 0.025%, desoximetasone, diflorasone diacetate, fluocinonide 0.05%, halcinonide, halobetasol propionate 0.01%) ^a		Systemic adverse effects such as suppression of the hypothalamus pituitary and adrenal gland axis is rare and can be minimized by limiting long-term use of high-potency topical corticosteroids on large body surface areas—especially limiting such use in children
	Maximum dose for class I use in adults, 50 g per week ⁵	
	Anatomical site:	
Class III (amcinonide cream or lotion 0.1%, betamethasone dipropionate, betamethasone valerate, desoximetasone, diflorasone diacetate, diflucortolone valerate [not available in the United States], fluocinonide 0.05% cream, fluticasone propionate, mometasone furoate, triamcinolone acetonide) ^a	For sensitive body sites (face, axillae, inframammary, and groin areas), use low-potency topical corticosteroids (class VI or VII)	
	For trunk and extremities, use class I-III topical corticosteroids	
	Vehicle:	
	For scalp, use solution or foam (class I topical corticosteroids)	
Class IV (betamethasone dipropionate, clocortolone pivalate, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide 0.1% cream) ^a	Ointments are typically more effective than creams if same active ingredient is used, but ointments are generally not preferred due to greasiness	
Class V (betamethasone dipropionate, betamethasone valerate, desonide, fluocinolone acetonide 0.01% cream, flurandrenolide, fluticasone propionate, hydrocortisone butyrate, hydrocortisone probutate, hydrocortisone valerate, prednicarbate, triamcinolone acetonide) ^a		
Class VI (alclometasone dipropionate, betamethasone valerate, desonide 0.05% gel, fluocinolone acetonide, triamcinolone acetonide) ^a		
Class VII: (hydrocortisone 2.5% cream, hydrocortisone acetate) ^a		