BETAMETHASONE (SYSTEMIC)

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Dosage Forms: US

Suspension, Injection: Celestone Soluspan: Betamethasone sodium phosphate 3 mg and betamethasone acetate 3 mg per 1 mL (5 mL) [contains benzalkonium chloride, edetate disodium]

Dosage Forms: Canada

Generic Availability (US)

Generic: Betamethasone sodium phosphate 3 mg and betamethasone acetate 3 mg per 1 mL [contains benzalkonium chloride, disodium edta]

ReadySharp Betamethasone: Betamethasone sodium phosphate 3 mg and betamethasone acetate 3 mg per 1 mL [contains benzalkonium chloride, disodium edta]

Suspension, Injection: Celestone Soluspan: Betamethasone sodium phosphate 3 mg and betamethasone acetate 3 mg per 1 mL (5 mL) [contains benzalkonium chloride, edetate disodium]

Betamethasone sodium phosphate 3 mg and betamethasone acetate 3 mg per 1 mL (1 mL, 5 mL) [contains benzalkonium chloride, edetate disodium]

Related Information

Comparison of Representative Topical Corticosteroid Preparations (Classified According to the US System) on page 2477

Corticosteroids Systemic Equivalencies on page 2476

Betamethasone Topical (bay tA METH a sone)

Medication Safety Issues

Sound-alike/look-alike issues: Luxig may be confused with Lasix

Sodium/Chloride Content:

- +
- -

Storage/Stability

Store at 25°C (77°F); excursions are permitted between 15°C and 30°C (59°F and 86°F). Protect from light.

Mechanism of Action

Controls the rate of protein synthesis; depresses the migration of polymorphonuclear leukocytes, fibroblasts; reverses capillary permeability and histosional stabilization at the cellular level to prevent or control inflammation.

Pharmacodynamics/Kinetics (Adult data unless noted)

Parenteral:

- Intramuscular: Do not inject subcutaneously. Should be injected deep into the muscle (not directly into the tendons).
- IV: Do not inject subcutaneously.

Intralesional:

- Using a 25-gauge tuberculin syringe with 0.5 cc needle: Do not inject into the lesion area. Do not inject subcutaneously. Inject subcutaneously.
- Using a 25-gauge tuberculin syringe with 1 cc needle: Do not inject directly into the lesion area. The lesion should be infiltrated with the corticosteroid around the lesion to prevent recurrence. Do not inject subcutaneously.

Intrabursal:

- Tendinitis, tenosynovitis: Inject into affected tendon sheaths (not directly into tendons).
- Bursitis: Inject into the bursa (not directly into the lesion area).

Dosages and Administration

Pediatric: See Pediatric Note.

Note: Use of mild to moderate potency topical corticosteroids is associated with a significant risk of adverse pregnancy outcomes. However, there may be an increased risk of low birth weight infants following maternal use of potent or very potent topical products, especially in high doses. Use of mild to moderate potency topical corticosteroids is preferred in pregnant females, and the use of large amounts for prolonged periods of time should be avoided (Chi 2016; Chi 2017; Murase 2014). Also avoid areas of high percutaneous absorption (Chi 2017). The risk of stretch marks may be increased with use of topical corticosteroids (Murase 2014).

Breastfeeding Considerations

It is not known if systemic absorption following topical administration results in detectable quantities of betamethasone in breast milk.

Systemic corticosteroids are present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother. However, topical corticosteroids are generally considered acceptable for use (Butler 2014; WHO 2002).