Important information. Please read carefully.

Vizomet™

0.1% w/w Ointment

COMPOSITION
Contains Mometasone Furoate 0.1% w/w.

PHARMACODYNAMICS
Mometasone furoate is a synthetic corticosteroid, exhibits anti-inflammatory, antipruritic and vasoconstrictive properties.

PHARMACOKINETICS
Systemic absorption following topical application of mometasone furoate cream 0.1% is minimal, approximately 0.4% of the applied dose in man, the majority of which is excreted within 72 hours following application. Characterisation of metabolites was not feasible owing to the small amounts present in plasma and excreta.

INDICATIONS
Vizomet is indicated for the relief of inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.

DOSAGE AND ADMINISTRATION
For external use only. A thin film of Vizomet should be applied to the affected skin areas once daily until the lesion heals or for a duration of three weeks, whichever is sooner.

CONTRAINDICATIONS
Vizomet is contraindicated in facial rosacea, acne vulgaris, perioral dermatitis, perianal and genital pruritis, napkin eruptions, bacterial (e.g. impetigo), viral (e.g. herpes simplex, herpes zoster and chickenpox) and fungal (e.g. candida or dermatophyte) infections, varicella, tuberculosis, syphilis or post-vaccine reactions. Vizomet should not be used in patients who are sensitive to mometasone furoate, to other corticosteroids or to any components of this preparation.

WARNINGS AND PRECAUTIONS
If irritation or sensitisation develops with the use of mometasone furoate, treatment should be withdrawn and appropriate therapy instituted.

Should an infection develop, use of an appropriate antifungal or antibacterial agent should be instituted. If a favourable response does not occur promptly, the corticosteroid should be discontinued until the infection is adequately controlled.

Local and systemic toxicity is common especially following long continued use on large areas of damaged skin, in flexures and with polythene occlusion. If used in childhood, or on the face, courses should be limited to 5 days and occlusion should not be used. Long term continuous therapy should be avoided in all patients irrespective of age.

Topical steroids may be hazardous in psoriasis for a number of reasons including rebound relapses following development of tolerance, risk of centralised pustular psoriasis and development of local or systemic toxicity due to impaired barrier function of the skin. If used in psoriasis careful patient supervision is important.

Mometasone furoate topical preparations are not for ophthalmic use.

DRUG INTERACTIONS
No drug interactions have been identified.

PREGNANCY AND LACTATION
Use in pregnancy: Since safe use of mometasone furoate in pregnant women has not been established, topical corticosteroids should only be used in pregnancy when the potential benefits outweigh the possible risks to the fetus. Drugs of this class should not be used on pregnant patients in large amounts or for prolonged periods of time.
Use in lactation: It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Mometasone furoate should be administered to nursing mothers only after careful consideration of the benefit/risk relationship.

SIDE EFFECTS
Local adverse reactions occasionally reported with mometasone furoate include paresthesia, folliculitis, burning, pruritis, tingling, stinging, allergic contact dermatitis, hypopigmentation, hypertrichosis, secondary infection, striae, acneiform reactions and signs of skin atrophy.

Local adverse reactions reported infrequently with other topical corticosteroids include: irritation, perioral dermatitis, maceration of the skin and miliaria.

Paediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced hypothalamic-pituitary-adrenal axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.

Chronic corticosteroids therapy may interfere with the growth and development of children.

SYMPTOMS AND TREATMENT FOR OVERDOSAGE
Symptoms: Excessive, prolonged use of topical corticosteroids can suppress pituitary-adrenal function resulting in secondary adrenal insufficiency.

Treatment: Appropriate symptomatic treatment is indicated. Acute hypercorticoid symptoms are virtually reversible. Treat electrolyte imbalance, if necessary, in cases of chronic toxicity, slow withdrawal of corticosteroids is advised.

STORAGE CONDITION
Store below 30°C.

SHELF LIFE
The expiry date is indicated on the packaging.

PRODUCT DESCRIPTION
Odorless, smooth, white translucent and greasy ointment in aluminium collapsible tube of 15g and 5g.

KEEP OUT OF REACH OF CHILDREN
JAUHI DARI KANAK-KANAK

For further information, please consult your pharmacist or physician.

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