

METASONE LOTION

Composition:

Each preparation contains mometasone furoate 1 mg/g.

Description:

Clear, colourless to pale yellow liquid.

Pharmacodynamic:

Mometasone furoate has anti-inflammatory and anti-psoriatic activity.

Pharmacokinetic:

Systemic absorption following topical application of mometasone furoate 0.1% is minimal (approximately 0.4% of the applied dose), the majority of which is excreted within 72 hours following application.

Indication:

Relief of the inflammatory and pruritic manifestation of corticosteroid-responsive dermatoses. The lotion formulation may also be applied to scalp lesions.

Recommended dosage:

Apply a few drops of Metasone Lotion to affected skin areas including scalp sites once daily; massage gently and thoroughly until the medication disappears.

Contraindication:

Metasone Lotion is contraindicated in patients who are sensitive to mometasone furoate or to other corticosteroids or to any component of these products.

Warning and precaution:

If irritation or sensitisation develops with the use of Metasone, treatment should be withdrawn and appropriate therapy instituted.

An appropriate antifungal or antibacterial agent should be instituted if an infection develops. If a favourable response does not occur promptly, the corticosteroid should be discontinued until the infection is adequately controlled.

Any of the side effects that have been reported following systemic use of corticosteroids, including adrenal suppression, may also occur with topical corticosteroids, especially in infants and children.

Systemic absorption of topical corticosteroids will be increased if extensive body surface areas are treated or if the occlusive technique is used.

Metasone is not for ophthalmic use.

Drug interaction:

None known

Pregnancy and lactation:

There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra-uterine growth retardation. Topical corticosteroids should be used during pregnancy only if the potential benefit justifies potential risk to the fetus. Drugs of this class should not be used on pregnant patients in large amounts or for prolonged periods of time.

It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Metasone should be administered to nursing mothers only after careful consideration of the benefit/risk relationship.

Side effects:

Local adverse reactions rarely reported include burning, folliculitis, acneiform reaction, pruritus, paresthesia, tingling/stinging, and signs of skin atrophy.

The following local adverse reactions have been reported infrequently with the use of other topical corticosteroids: Irritation, hypertrichosis, hypopigmentation,

perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infections, striae and miliaria.

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:

Store in a dry place below 30 °C.

For external use only.

Keep out of reach of children.

Jauhi daripada kanak-kanak

Shelf life: 24 months

Presentation:

Plastic bottles of 30ml and 100ml

Manufactured

For: STERILINE SDN. BHD. (324926-X)

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5 ½ Mile off Jalan Meru,

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Revision date: 120308