m-Mometasone
Mometasone furoate 1mg/g (0.1% w/w)

Presentation
m-Mometasone Cream is a soft white smooth cream. Each gram of the cream contains 1mg of mometasone furoate.

m-Mometasone Ointment is a soft smooth ointment. Each gram of the ointment contains 1mg of mometasone furoate.

Uses

Actions
Mometasone furoate is a synthetic corticosteroid, exhibiting anti-inflammatory, anti-pruritic and vasoconstrictive properties.

In laboratory animals, mometasone furoate exhibits potent topical anti-inflammatory activity but approximately half of the suppressive effect on the HPA (hypothalamic-pituitary-adrenal) axis when compared with equivalent doses of betamethasone valerate. The topical to systemic potency ratio of mometasone furoate is approximately 3 to 10 times that of betamethasone valerate in animal studies.

The local irritation and sensitisation potentials of mometasone furoate cream and ointment were evaluated in rabbits and guinea pigs. Following topical application in rabbits, the dermal response to mometasone furoate cream was characterised by very slight erythema, occasional appearance of papules, atonia, desquamation and wrinkling. Mometasone furoate was not a sensitiser in guinea pigs.

Pharmacokinetics
Following topical application of radio-labelled mometasone furoate in animals, systemic absorption was minimal in all species studied, ranging from approximately 2% in dogs to 6% in rabbits over a 5 to 7 day period.

The percutaneous absorption of mometasone furoate was evaluated in healthy volunteers receiving a single application of radio-labelled mometasone furoate cream 0.1% which remained on intact skin for 8 hours. Based on the radioactivity excreted in the urine and faeces during the 5 day study period, approximately 0.4% of the applied dose was absorbed systematically. In a similar study conducted using the ointment formulation, approximately 0.7% of the applied dose was absorbed systematically.

Indications
For the relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, such as psoriasis and atopic dermatitis.

Dosage and Administration
A thin film of m-Mometasone Cream or Ointment should be applied to the affected skin areas once daily. m-Mometasone Cream is suitable for moist lesions; the ointment should be used for dry, scaling and fissured lesions.
Contraindications

Patients who are hypersensitive to mometasone furoate or to other corticosteroids. Like other topical corticosteroids, m-Mometasone is contraindicated in most viral infections of the skin, tuberculosis, acne rosacea, perioral dermatitis, fungal skin infections and ulcerative conditions.

Warnings and Precautions

If irritation or sensitisation develops with the use of m-Mometasone Cream or Ointment, treatment should be discontinued and appropriate therapy instituted.

In the presence of an infection, use of an appropriate anti-fungal or anti-bacterial agent should be instituted. If a favourable response does not occur promptly, m-Mometasone should be discontinued until the infection is controlled adequately.

Babies and children up to 4 years should not be treated with topical steroids for longer than 3 weeks. In infants the napkin may act as an occlusive dressing and increase absorption. Adrenal suppression is more likely to occur in infants and children.

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. Suitable precautions should be taken under these conditions or when long-term use is anticipated, particularly in infants or children. Paediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than adults because of a larger skin surface area to body weight ratio. Use of topical corticosteroids in children should be limited to the least amount required for a therapeutic effect. Chronic corticosteroid therapy may interfere with growth and development of children.

m-Mometasone Cream or Ointment should not be used on or around the eyes. The use of topical corticosteroids on the face can exacerbate rosacea and lead to peri-orofacial dermatitis. Patients should be warned against using m-Mometasone Cream or Ointment on the face except on medical advice and any use on the face should be restricted to short periods.

Prolonged use on flexures and intertriginous areas is undesirable.

Pregnancy

Safe use of mometasone furoate cream or ointment in pregnant women has not been established. Topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus. Medicines of this class should not be used on pregnant patients in large amounts or for prolonged periods of time.

Lactation

It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities not likely to have a deleterious effect on the infant. Nevertheless, a decision should be made whether breastfeeding should be discontinued or m-Mometasone Cream or Ointment be discontinued, taking into account the importance of the medicine to the mother.

Topical corticosteroids should not be applied to the breasts prior to nursing.
Adverse Effects

Mometasone furoate cream and ointment are generally well tolerated.

Pruritis, burning, tingling, stinging, signs of skin atrophy, folliculitis and acneiform reactions have been reported in less than 5% of patients.

Other local adverse reactions reported in less than 1% of patients include erythema, furunculosis, dermatitis, abscess, aggravated allergy, increased lesion size, disease exacerbation, paraesthesia, dry skin, pimples and papular and pustular formation.

Overdosage

Excessive, prolonged used of topical corticosteroids can suppress pituitary-adrenal function resulting in secondary adrenal insufficiency. Appropriate symptomatic treatment is indicated. Acute hypercorticoic symptoms are virtually reversible. Treat electrolyte imbalance, if necessary. In cases of chronic toxicity, slow withdrawal of corticosteroids is advised.

Pharmaceutical Precautions

m-Mometasone Cream and Ointment: Store below 25°C.

Medicine Classification

Prescription Medicine

Package Quantities

m-Mometasone Cream: Tube containing 10g, 15g or 45g of cream.

m-Mometasone Ointment: Tube containing 10g, 15g or 45g of ointment.

(Not all pack sizes may be available).

Further Information

m-Mometasone Cream also contains: Light liquid paraffin, hexylene glycol, cetostearyl alcohol, dimethicone, cetomacrogol 1000, imidurea, methylhydroxybenzoate, disodium edetate, propyl hydroxybenzoate.

m-Mometasone Ointment also contains: Hexylene glycol, polysorbate 80, white soft paraffin, macrogol stearate 1500, synthetic bees wax.

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