





**Nasoril Nasal Spray** Mometasone Furoate Monohydrate

#### COMPOSITION

#### Each spray delivers:

Mometasone Furoate Monohydrate USP ...... 50 mcg Mometasone Furoate Monohydrate equivalent to: Mometasone Furoate USP...... 0.05% w/v

Benzalkonium Chloride NF ......0.01% w/v (as preservative) Phenyl Ethyl Alcohol USP ....... 0.25% v/v (as preservative)

USED JUST ONCE A DAY, EVERY DAY, AS DIRECTED BY YOUR DOCTOR, PRESCRIPTION NASORIL NASAL SPRAY IS CLINICALLY PROVEN TO TREAT INDOOR (OR "YEAR-ROUND") AND OUTDOOR (OR "SEASONAL") NASAL ALLERGY SYMPTOMS, EVERY MONTH YOU SUFFER.

NASORIL IS NON-HABIT-FORMING, SCENT-FREE AND ALCOHOL-FREE. IT IS NON-DROWSY AND WON'T KEEP YOU AWAKE. YOU CAN USE IT DAILY, ANY TIME OF THE YEAR YOU SUFFER, FOR AS LONG AS YOUR DOCTOR PRESCRIBES.

NASORIL is indicated for the treatment of seasonal and perennial allergic rhinitis symptoms in adults and paediatric patients, 2 years of age and older. NASORIL is indicated for the prophylaxis of seasonal allergic rhinitis symptoms in adult and adolescent patients, 12 years and older. NASORIL is also indicated in the treatment of nasal polyps in those aged 18 and above.

## **DOSAGE AND ADMINISTRATION**

Seasonal or Perennial Allergic Rhinitis

Adults and adolescents (12 years of age and older): The usual recommended dose is two sprays in each nostril once daily (total dose of 200 mcg). Once symptoms are controlled, dose reduction to one spray in each nostril (total dose of 100 mcg) may be effective for maintenance. If symptoms are inadequately controlled, the dose may be increased to a maximum dose of four sprays in each nostril once daily (total dose of 400 mcg). Dose reduction is recommended following control of symptoms.

Children (between the ages of 6–11 years): The usual recommended dose is one spray in each nostril once daily (total dose of 100 mcg). NASORIL demonstrated a clinically significant onset of action within 12 hours after the first dose in some patients with seasonal allergic rhinitis; however, the full benefit of the treatment may not be achieved in the first 48 hours. Therefore, the patient should continue regular use to achieve full therapeutic benefit.

# **Nasal Polyposis**

The usual recommended starting dose for polyposis is two sprays in each nostril once daily (total daily dose of 200 mcg). If after 5-6 weeks, symptoms are inadequately controlled, the dose may be increased to a dose of two sprays in each nostril twice daily (total daily dose of 400 mcg). The dose should be reduced following control of symptoms. If no improvement in symptoms is seen after 5-6 weeks of twice-daily administration, alternative therapies should be considered.

## **CONTRAINDICATIONS**

Hypersensitivity to any of the ingredients of this preparation contraindicates its use. nasoril\_\_logo2 Mometasone Furoate Monohydrate







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