**Chemical Name:**
is a topical anti-inflammatory agent for ophthalmic use.

**WARNINGS**.

be taken when appropriate.

examination of the patient with the aid of magnification, such as slit lamp biomicroscopy,
susceptible people. The overall prevalence of sulfite sensitivity in the general population is
anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain
Corticosteroids are not effective in mustard gas keratitis and Sjögren's keratoconjunctivitis.
medication in the treatment of patients with a history of herpes simplex requires great
viral infections of the eye (including herpes simplex). Employment of a corticosteroid
Use of ocular steroids may prolong the course and may exacerbate the severity of many
bleb formation.
The use of corticosteroids after cataract surgery may delay healing and increase the incidence of
checkings frequently.
If this product is used for 10 days or longer, intraocular pressure should be routinely

corneal or scleral tissue may lead to perforation.
cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin
Various ocular diseases and long-term use of topical corticosteroids have been known to
of secondary ocular infections.
Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve,
systems of the mother.
should be made whether to discontinue nursing or to discontinue the drug, taking into
account the importance of the drug to the mother.

**Pediatric Use**

safety and effectiveness in pediatric patients have not been established.

**Pregnancy Category C**

no adverse differences in safety or effectiveness have been observed between elderly and

**ADVERSE REACTIONS**

Substance use Disorders, in increasing order of frequency, elevation of intracranial pressure (ICP) with possible development of glaucoma and intracranial optic nerve damage, posterior subcapsular cataract formation, and delayed wound healing.

although systemic effects are extremely uncommon, there have been rare occurrences of
systemic hypercortisolism after use of topical steroids.

Corticosteroid-containing preparations have also been reported to cause acute anterior
pools and perforation of the globe. Keratitis, conjunctivitis, corneal ulcers, mydriasis,
Conjunctival hyperemia, loss of accommodation and ptosis have occasionally been reported
uveitis and perforation of the globe. Keratitis, conjunctivitis, corneal ulcers, mydriasis.

The development of secondary ocular infection (bacterial, fungal, and viral) have occurred.
Fungal and viral infections of the cornea are particularly prone to develop concurrently with
long-term applications of steroids. The possibility of fungal invasion should be considered in
keratitis and its sequelae are most frequent in neonates and very young patients.

- Fungal keratitis, keratoconjunctivitis, and endophthalmitis may occur.
- The use of ocular forms of corticosteroids is contraindicated in patients with known or suspected hypersensitivity to any of the ingredients of this preparation and to other corticosteroids.

**STORAGE**

Overdosage will not ordinarily cause acute problems. If accidentally ingested, drink fluids

**REPRODUCTION**

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