VISIPAQUE EIRE abbreviated prescribing information

PRESCRIBING INFORMATION VISIPAQUE™ (iodixanol)
Please refer to full national Summary of Product Characteristics (SPC) before prescribing

PRESENTATION An isotonic, aqueous solution containing iodixanol, a non-ionic, dimeric contrast medium, available in two strengths containing either 270 mg or 320 mg iodine per ml.

INDICATIONS X-ray contrast medium for use in adults for cerebral angiography (conventional), peripheral angiography (conventional), abdominal angiography (i.a. DSA), urography, venography, CT enhancement, studies of the gastrointestinal tract, lumbar, thoracic and cervical myelography. Arthrography and hysterosalpingography (HSG). In children for cardioangiography, urography, CT enhancement and studies of the gastrointestinal tract

DOSAGE AND ADMINISTRATION Adults and children: Dosage varies depending on the type of examination, age, weight, cardiac output, general condition of patient and the technique used (see SPC and package leaflet).

CONTRA-INDICATIONS Hypersensitivity to the active substance or to any of the excipients. Manifest thyrotoxicosis.

WARNINGS AND PRECAUTIONS A positive history of allergy, asthma, or reaction to iodinated contrast media indicates need for special caution. Premedication with corticosteroids or H1 and H2 antagonists might be considered in these cases. Although the risk of serious reactions with VISIPAQUE is regarded as minor, iodinated contrast media may provoke anaphylactoid reactions or other manifestations of hypersensitivity. Therefore the necessary drugs and equipment must be available for immediate treatment. It is advisable always to use an indwelling cannula or catheter for quick intravenous access throughout the entire X-ray procedure. Patients should be observed for at least 30 minutes following administration of contrast medium, since the majority of serious side effects occur within this time. However delayed reactions may occur. Patients using beta blockers may present with atypical symptoms of hypersensitivity which may be misinterpreted as a vagal reaction. Non-ionic contrast media have less effect on the coagulation system in vitro, compared to ionic contrast media. When performing vascular catheterization procedures one should pay meticulous attention to the angiographic technique and flush the catheter frequently (e.g. with heparinised saline) so as to minimize the risk of procedure-related thrombosis and embolism. Ensure adequate hydration before and after examination especially in patients with multiple myeloma, renal dysfunction, diabetes mellitus, paraproteinemias, the elderly, children and infants. Particular care is required in patients with severe disturbance of both renal and hepatic function as they may have significantly delayed contrast medium clearance. In diabetic patients metformin should be stopped for at least 48 hours when contrast media are used. The timing of this should be amended based upon serum creatine/renal function levels (refer to SPC). Special care should also be taken in patients with hyperthyroidism, serious cardiac disease, pulmonary hypertension, patients predisposed to seizures (acute cerebral pathology, tumours, epilepsy, alcoholics and drug addicts), and patients with myasthenia gravis or phaeochromocytoma. One should also be aware of the possibility of inducing transient hypothyroidism in premature infants receiving contrast media. All iodinated contrast media may interfere with laboratory tests for thyroid function, bilirubin, proteins, or inorganic substances (e.g. iron, copper, calcium, and phosphate). An increased risk of delayed reactions (flu-like or skin reactions) has been associated with patients treated with interleukin-2 up to two weeks previously. Following myelography the patient should rest with the head and thorax elevated by 20° for one hour. Thereafter he/she may ambulate carefully but bending down must be avoided. The head and thorax should be kept elevated for the first 6 hours if remaining in bed. Patients suspected of having a low seizure threshold should be observed during this period. Outpatients should not be completely alone for the first 24 hours.

PREGNANCY AND LACTATION The safety of VISIPAQUE in pregnancy has not been established. The product should not be used in pregnancy unless benefit outweighs risk and it is considered essential by the physician. The degree of excretion into human milk is not known. Breast feeding should be discontinued prior to administration and not recommenced until at least 24 hours after administration.
UNDESIRABLE EFFECTS Undesirable effects associated with VISIPAQUE are usually mild to moderate and transient in nature. Serious reactions as well as fatalities are only seen on very rare occasions. Hypersensitivity reactions may present as respiratory or cutaneous symptoms like dyspnoea, rash, erythema, urticaria, pruritus, severe skin reactions, angioneurotic oedema, hypotension, fever, laryngeal oedema, bronchospasm or pulmonary oedema. They may appear either immediately after the injection or up to a few days later. Hypersensitivity reactions may occur irrespectively of the dose and mode of administration and mild symptoms may represent the first signs of a serious anaphylactoid reaction/shock. Administration of the contrast medium must be discontinued immediately and, if necessary, specific therapy instituted via the vascular access. Patients using beta blockers may present with atypical symptoms of hypersensitivity which may be misinterpreted as a vagal reaction. A minor transient increase in serum creatinine is common after iodinated contrast media, but is usually of no clinical relevance. **Intravascular administration:** Immune system disorders: Uncommon: Hypersensitivity, Not known: Anaphylactoid reaction, anaphylactoid shock; severe pustular or bullous skin reactions. In patients with autoimmune diseases cases of vasculitis and Steven- Johnson like syndrome were observed. Psychiatric disorders: Not known: Confusional state. Nervous system disorders: Uncommon: Headache, Rare: Dizziness, Very rare: Sensory abnormalities including taste disturbance, paraesthesia, amnesia, Not known: Motor dysfunction, disturbance in consciousness, convulsion, transient contrast-induced encephalopathy caused by extravasation of contrast media, which can manifest as sensory, motor or global neurological dysfunction. Eye disorders: Very rare: Transient cortical blindness. Cardiac disorders: Rare: Arrhythmia (including bradycardia, tachycardia), myocardial infarction. Very rare: Cardiac arrest, Not known: Ventricular hypokinesia, spasms of coronary arteries, cardio-respiratory arrest. Vascular disorders: Rare: Hypotension, Very rare: Hypertension, ischaemia, Not known: Arterial spasm, thrombosis, thrombophlebitis. Respiratory, thoracic and mediastinal disorders: Rare: Cough, Very rare: Dyspnoea, Not known: Non-cardiogenic pulmonary oedema. Gastrointestinal disorders: Uncommon: Nausea, vomiting, Very rare: Abdominal pain/discomfort, Musculoskeletal and connective tissue disorders: Not known: Arthralgia. Renal and urinary disorders: Very rare: Impairment of renal function including acute renal failure. General disorders and administration site conditions: Uncommon: Feeling hot, chest pain, Rare: Pain, discomfort, shivering (chills), pyrexia, administration site reactions including extravasation, Very rare: Feeling cold, asthenic conditions (e.g. malaise, fatigue). Injury, poisoning and procedural complications: Not known: Iodism. **Intrathecal administration:** Undesirable effects following intrathecal use may be delayed and present some hours or even days after the procedure. The frequency is similar to lumbar puncture alone. Meningeal irritation giving photophobia and meningism and frank chemical meningitis have been observed with other non-ionic contrast media. The possibility of an infective meningitis should also be considered. Similarly, manifestations of transient cerebral dysfunction have been seen on very rare occasions with other non-ionic

iodinate contrast media. These include seizures, transient confusion or transient motor or sensory dysfunction. Changes in the EEG were noted in a few of the patients. Immune system disorders: Not known: Hypersensitivity. Nervous system disorders: Uncommon: Headache (may be severe and lasting), Not known: Dizziness, transient contrast-induced encephalopathy caused by extravasation of contrast media, which can manifest as sensory, motor or global neurological dysfunction. Gastrointestinal disorders: Uncommon: Vomiting, Not known: Nausea. General disorders and administration site conditions: Not known: Shivering, pain at injection site. Hysterosalpingography (HSG): Immune system disorders: Not known: Hypersensitivity. Nervous system disorders: Common: Headache. Gastrointestinal disorders: Very common: Abdominal pain, Common: Nausea, Not known: Vomiting. Reproductive system and breast disorders: Very common: Vaginal haemorrhage. General disorders and administration site conditions: Common: Pyrexia, Not known: Shivering, injection site reaction. **Arthrography:** Immune system disorders: Not known: Hypersensitivity. General disorders and administration site conditions: Common: Injection site pain, Not known: Shivering. **Examination of the GI tract:** Immune system disorders: Not known: Hypersensitivity. Gastrointestinal disorders: Common: Diarrhoea, abdominal pain, nausea, Uncommon: Vomiting. General disorders and administration site reaction: Not known: Shivering.

PHARMACODYNAMIC PROPERTIES In diabetic patients with serum creatinine levels of 1.3-3.5 mg/dl, VISIPAQUE use resulted in 3% of patients experiencing a rise in creatinine of ≥ 0.5 mg/dl and 0% of patients with a rise of ≥ 1.0 mg/dl. The release of enzymes (alkaline phosphatase and N-acetyl-ß-glucosaminidase) from the proximal tubular cells is less than after injections of non-ionic monomeric contrast media and the same trend is seen compared to ionic dimeric contrast media. VISIPAQUE is also well tolerated by the kidney.

INSTRUCTIONS FOR USE AND HANDLING Like all parenteral products, VISIPAQUE should be inspected visually for particulate contamination, discolouration and the integrity of the container prior to use. The product should be drawn into the syringe immediately before use. Containers are intended for single use only, any unused portions must be discarded. VISIPAQUE may be warmed to body temperature (37°C) before administration.

MARKETING AUTHORISATION HOLDER GE Healthcare AS, Nycoveien 1-2, Postboks 4220 Nydalen, NO-0401 Oslo, Norway.

CLASSIFICATION FOR SUPPLY Subject to medical prescription (POM).

MARKETING AUTHORISATION NUMBER PA 735/9/3,7,12,13.

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