Package leaflet: Information for the user

Amiodarone hydrochloride 30 mg/ml concentrate for solution for injection/infusion

amiodarone hydrochloride

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What Amiodarone hydrochloride is and what it is used for
2. What you need to know before you use Amiodarone hydrochloride
3. How to use Amiodarone hydrochloride
4. Possible side effects
5. How to store Amiodarone hydrochloride
6. Contents of the pack and other information

1. What Amiodarone hydrochloride is and what it is used for

Amiodarone hydrochloride contains the active substance amiodarone hydrochloride, which belongs to a group of medicines called anti-arrhythmics. It works by controlling the uneven beating of your heart (called arrhythmias).

Amiodarone hydrochloride treatment is used for adults in:
- Serious, symptomatic, tachycardic ventricular arrhythmias.
- Symptomatic cardiac arrhythmias requiring treatment with a rapid heartbeat and origin in the atrium (tachycardia supraventricular cardiac arrhythmias), such as:
- AV junctional tachycardia, supraventricular tachycardia in WPW syndrome, where your heart beats unusually fast or
- Paroxysmal atrial fibrillation (fast or uneven heartbeats).

This indication applies to patients who do not respond to treatment with other antiarrhythmic drugs or for whom other antiarrhythmic drugs are not indicated.

Amiodarone hydrochloride is given when a quick response is needed or if you are unable to take tablets. Your doctor will give you this medicine and you will be monitored under hospital or specialist supervision.

2. What you need to know before you use Amiodarone hydrochloride

Do not use Amiodarone hydrochloride if:

- You are allergic to amiodarone hydrochloride, iodine or to any of the other ingredients of this medicine (listed in section 6)
- You have heart problems, which can cause a slow heart rate (such as sino-atrial heart block or sinus bradycardia)
- You have various forms of conduction disorders (high grade AV block, bifascicular or trifascicular block or sinus node disease) and you do not have a pacemaker

- You have heart failure or weakness of the heart muscle (cardiomyopathy)
- You have or have had thyroid problems
- You have severe breathing problems, circulatory collapse, or severe hypotension; (very low blood pressure)
- You have pre-existing QT extension (special ECG change)
- You have low blood potassium (hypokalaemia)
- You have history of angioneurotic edema (certain form of swelling of the skin and mucous membranes)
- You are taking simultaneous treatment with MAO inhibitors (certain antidepressants)
- You are taking other medicines that can trigger a special form of fast heart beat (torsade de pointes)
- You are pregnant, think you may be pregnant or are breastfeeding (unless treatment is considered absolutely essential by your doctor)

All these above contra-indications do not apply to the use of amiodarone for cardiopulmonary resuscitation (situation in which the patient has suffered a cardiorespiratory arrest) in the treatment of defibrillation-resistant ventricular fibrillation.

Amiodarone hydrochloride must not be given to premature babies, neonates or a child up to 3 years old.

Do not use this medicine if any of the above applies to you and talk to your doctor or nurse.

Warnings and precautions
Amiodarone hydrochloride treatment should only be used in a specialised hospital setting and under continuous monitoring (electrocardiogram, blood pressure).

Specific for intravenous injection: The intravenous injection is only in emergencies and after other measures have failed.

Talk to your doctor, pharmacist or nurse before using Amiodarone hydrochloride if:
- You have mild to moderate low blood pressure
- You have a weak heart or heart failure
- You have any problems with your thyroid gland
- You have liver problems
- You are receiving high dose oxygen therapy or have any other problems with your lungs including asthma
- You are due to have an operation involving general anaesthesia
- You are elderly
- If you take a medicine called sofosbuvir, used for the treatment of hepatitis C.

In case of arrhythmias affecting the ventricles (ventricular arrhythmias), initiation of amiodarone requires careful cardiac monitoring and it may only be carried out if cardiac emergency equipment is available.
During long-term treatment (e.g. after switch to oral therapy), regular cardiac check-ups should be carried out.

Under treatment with amiodarone, decreased heart rate (bradycardia) may occur. Decreased heart rate may be more pronounced in patients over 65 years of age. Treatment should be interrupted in case of severe bradycardia or heart block.

There are cases in which new arrhythmias may occur or the treated arrhythmias get worse. This usually occurs when it is combined with other medicines or electrolyte disorders (such as, for example, changes in blood potassium levels). In these cases, the withdrawal of treatment with this medicine should be assessed.

Special caution should be taken in the case of hypotension, severe respiratory failure, severe heart failure or decompensated cardiomyopathy.

Talk to your doctor or pharmacist before taking Amiodarone hydrochloride if you currently take a medicine containing sofosbuvir for the treatment of hepatitis C as it may result in a life-threatening slowing of your heart beat. Your doctor may consider alternative treatments. If treatment with amiodarone and sofosbuvir is needed, you may require additional heart monitoring**.**

Tell your doctor immediately if you are taking a medicine containing sofosbuvir for the treatment of hepatitis C and during treatment you experience:
• slow or irregular heartbeat or heart rhythm problems;
• shortness of breath or worsening of existing shortness of breath;
• chest pain;
• light-headedness;
• palpitations;
• near-fainting or fainting.

Under treatment with amiodarone, there is a risk of developing severe inflammatory lung diseases. For this reason, if possible, an X-ray examination of the lung (thorax) and a pulmonary function test should be performed before starting treatment.

Cases of liver toxicity have recently been reported after intravenous administration which could be due to the solvent (polysorbate 80) rather than the medicinal product itself.

Problems with liver function may occur during oral or intravenous administration (in case of intravenous administration already within the first 24 hours). Therefore, the dose of amiodarone should be reduced or treatment discontinued if the increase in transaminases (related to liver function) exceeds three times the reference values.

During treatment, your doctor may decide you need to have tests: chest X-ray (to rule out respiratory complications) and blood tests to measure transaminases (before starting treatment and regularly throughout treatment, to check that your liver is working properly) and blood potassium levels.

Talk to your doctor if you develop visual disturbances: blurred vision, decreased vision, vision with halos of colour, sensation of foggy vision. If any of these problems occurs, you should have a full examination of your eyesight.

<u>General anaesthesia</u>:
Caution is advised in patients undergoing general anaesthesia, or receiving high dose oxygen therapy. Potentially serious complications have been observed after association with general anesthetics. Before surgery, the anaesthetist should be warned that the patient is being administered amiodarone.

During treatment, skin disorders may occur (serious bullous reactions) such as Stevens-Johnson syndrome or toxic epidermal necrolysis, which can be very serious or even fatal (see section 4). If signs or symptoms of Stevens-Johnson syndrome or toxic epidermal necrolysis appear (progressive skin rash often with blisters or sores in the mucous membranes), treatment with amiodarone should be discontinued immediately.

Before starting treatment with amiodarone, if potassium levels are low, they should be corrected.

Amiodarone contains iodine and may interfere with the uptake of labelled iodine. However, this does not affect the interpretation of thyroid function tests (free T_3, free T_4 and $_{us}$TSH).

<u>Thyroid</u>
Because of the risk of developing an overactive or underactive thyroid (hyper- or hypothyroidism) during treatment with amiodarone, thyroid function tests should be performed before starting treatment.

During therapy and up to about a year after discontinuation of therapy, these examinations should be repeated at regular intervals and the patients examined for signs of an overactive or underactive thyroid.

The following symptoms may indicate thyroid dysfunction:

If your thyroid is underactive (hypothyroidism):
Weight gain, sensitivity to cold, fatigue, an extreme slowing of the heartbeat (bradycardia) beyond the effect to be expected with Amiodarone hydrochloride.

With overactive thyroid gland (hyperthyroidism):
Weight loss, rapid heartbeat (tachycardia), muscle tremors (tremor), nervousness, increased sweating and intolerance to warmth, recurrence of arrhythmias or angina pectoris, heart failure.

Neuromuscular diseases:
Amiodarone can cause peripheral nerve and/or muscle damage (peripheral neuropathies and/or myopathies). These usually go away a few months after discontinuation. However, in individual cases they cannot completely regress.

Protect your skin from sunlight
Keep out of direct sunlight while using this medicine and for a few months after you have finished using it. This also applies to UV light applications and solariums. This is because your skin will become much more sensitive to the sun and may burn, tingle or severely blister if you do not take the following precautions:
- make sure you use a high factor sun cream
- always wear a hat and clothes which cover your arms and legs

Primary graft dysfunction (PGD) post cardiac transplant:
If you are on a heart transplant waiting list and taking amiodarone, you have an increased risk of a life threatening complication (primary graft dysfunction) and your doctor may change your treatment before transplant. In this complication, the transplanted heart stops working properly in a short time after the heart transplant surgery and in severe cases it may be irreversible.

Children and adolescents
The safety and efficacy of amiodarone in children has not been established, so the administration of amiodarone is not recommended in children.

Other medicines and Amiodarone hydrochloride
This medicine may alter your response to other medicines; you should therefore tell your doctor if you are taking, have recently taken or might take any other medicines, including over-the-counter medicines. Your doctor will decide which medication you should stop or if the dose should be modified.

Due to the long half-life of amiodarone, interactions with other medicines can also occur several months after stopping amiodarone therapy.

Medicines that can induce *torsades de pointes* (serious heart rhythm problems). Combined therapy with following drugs which induce “torsades de pointes” is contraindicated:
- Medicines used to control irregular heart rhythm, such as quinidine, procainamide, disopyramide sotalol and bretylium
- Non-antiarrhythmic drugs such as vincamine (used to increase the amount of oxygen in the brain)
- Medicines for infections (such as injectable erythromycin, co-trimoxazole, moxifloxacin or pentamidine)
- some anti-psychotics drugs (medicines that have a sedative effect and that reduce anxiety) such as chlorpromazine, levomepromazine, thioridazine, fluoperazine, sulpiride, tiapride, pimozide haloperidol, amisulpride and sertindole
- Medicines for other mental illnesses (lithium, anti-depressants, such as doxepin, maprotiline, amitriptyline)
- Medicines used for hay fever, rashes or other allergies called antihistamines e.g. terfenadine, astemizole, mizolastine
- Medicines for Malaria such as quinine, mefloquine, chloroquine, halofantrine
- MAO inhibitors (certain antidipressants)

The administration of amiodarone together with drugs that prolong the QT interval (lengthen your heartbeats) should be based on a careful assessment of the risks and benefits for each patient, as the risk of *torsades de pointes* (serious heart rhythm problems) may be increased. QT interval prolongation should be monitored (electrical testing of your heartbeat).

Fluoroquinolones: The use of a particular type of antibiotic (fluoroquinolones) should also be avoided during treatment with amiodarone.

Medicines that reduce the heart rate or cause automaticity or conduction disorders: Combined therapy with beta blockers and calcium channel blockers that reduce heart rate (diltiazem and verapamil) is not recommended.

Combination therapy with the following medicinal products is also not recommended:

Agents that can induce hypokalaemia:

- Stimulant laxatives that can induce a decrease in blood potassium levels and therefore increase the risk of *torsades de pointes.* Other types of laxatives should be used.
- Special care should be taken when amiodarone is combined with diuretics that reduce blood potassium levels alone or in combination, systemic corticosteroids, tetracosactide (used to diagnose adrenal problems and to treat ulcerative colitis), intravenous amphotericin B (antibiotic).

Special care should be taken when amiodarone is combined with the following drugs. It may be necessary for your doctor to adjust the dose of your other medications:
• blood thinning (anticoagulant) medicines by mouth, e.g. warfarin or phenprocoumon. Amiodarone can increase the effect of these medicines which increases the risk of bleeding.
• digitalis medicines, such as digoxin (used to treat heart failure)
• dabigatran (used to prevent blood clots)
• phenytoin (used in epilepsy)
• flecainide (used to treat heart rhythm disorders)
• medicines that involve a specific enzyme system (cytochrome P450 3A4)
- ciclosporin (a medicine used to prevent rejection reactions following a transplant)
- fentanyl (a strong painkiller)
- certain cholesterol-lowering medications (some statins, e.g. simvastatin, atorvastatin, lovastatin)
- other such medicines, e.g. tacrolimus and sirolimus (used to prevent rejection of transplants), lidocaine (a local anaesthetic), sildenafil (used to treat erection problems), midazolam and triazolam (sleeping pills), macrolide antibiotics (clarithromycin), ergotamine, dihydroergotamine (used in migraine) and colchicine (to treat gout).

Potentially serious complications (acute respiratory distress syndrome) have been observed after co-administration with general anaesthetics.

Coadministration of amiodarone with sofosbuvir- regimen is not recommended as it may lead to serious symptomatic bradycardia (life threatening slowed heart rate). Cardiac monitoring (monitoring of heart activity) is recommended when coadministration cannot be avoided.

Amiodarone hydrochloride with food, drink and alcohol
Do not drink grapefruit juice while using this medicine because it can increase amiodarone levels in your blood.

Pregnancy, breast-feeding and fertility
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before using this medicine.
- Your doctor will prescribe Amiodarone hydrochloride only in exceptional circumstances, if the benefit of treatment outweighs the risks during your pregnancy. Amiodarone can be used during pregnancy in life-threatening circumstances only.

- You should not become pregnant until at least six months after the end of treatment, in order to avoid exposure of the child to amiodarone in early pregnancy.
- You should not be given amiodarone if you are breast-feeding. If you are given amiodarone during breast-feeding, breast-feeding should be stopped because it passes into breast milk in significant amount and can reach effective concentrations in infants.
- Testicular dysfunctions could appear after long-term treatment.

Driving and using machines
Amiodarone hydrochloride may affect the ability to drive or use machines. Treatment with this medicine requires regular medical supervision. This medicinal product, even when used as directed, may modify the reaction time to such an extent that the ability to actively participate in road traffic, to operate machines or to work without a safe grip is impaired. This applies specifically, when starting treatment, increasing the dose and changing the medicinal product, as well as in combination with alcohol.

Amiodarone hydrochloride contains Benzyl Alcohol

This medicine contains 200mg of Benzyl Alcohol in each 10ml syringe which is equivalent to 20 mg/ml. Benzyl Alcohol may cause allergic reactions. Ask your doctor or pharmacist for advice if you have liver or kidney disease or if you are pregnant or breast-feeding. This is because large amounts of benzyl alcohol can build-up in your body and may cause side effects (called "metabolic acidosis"). Benzyl alcohol has been linked with the risk of severe side effects including breathing problems (called "gasping syndrome") in young children.

3. How to use Amiodarone hydrochloride

This product **must be diluted** before administration.

Treatment will only be started under the supervision of a specialist doctor. Check again with your doctor if you are not sure.

Direct intravenous bolus injection is generally not recommended due to severe hypotension, cardiovascular collapse; therefore, when possible, administration by intravenous infusion is preferable. Direct intravenous administration should be limited to emergency situations.

Doctors or healthcare professionals must consult the section "INFORMATION FOR HEALTHCARE PROFESSIONALS" at the end of this package leaflet.

Children and adolescents:
- The safety and efficacy of amiodarone in children has not been established, so the administration of amiodarone is not recommended in children.

  Due to its benzyl alcohol content, this medicine is not for use in premature infants, neonates, infants and children up to 3 years old.

Elderly:
- As with all patients it is important that the minimum effective dose is used. Amiodarone may slow the heartbeat, which can be more pronounced in elderly patients. Your doctor will carefully calculate how much amiodarone you should get and monitor your heart rate and thyroid function more closely.

If you take more Amiodarone hydrochloride than you should
Your doctor will carefully calculate how much Amiodarone hydrochloride you should get. Therefore, it is unlikely your doctor, nurse or pharmacist will give you too much of this medicine. But if you think that you have been given too much or too little Amiodarone hydrochloride, tell your doctor, nurse or pharmacist.

The following effects may happen: feeling dizzy, faint sick, tired or confused. Having an abnormally slow or fast heartbeat. Too much amiodarone can damage the heart and liver.

If you forget to take Amiodarone hydrochloride
Your doctor or nurse will have instructions on when to give you this medicine. It is unlikely that you will not be given the medicine as it has been prescribed. However, if you think you may have missed a dose, then talk to your doctor or nurse.

If you stop taking Amiodarone hydrochloride It is important for you to keep having Amiodarone hydrochloride until your doctor decides to stop them. If you stop having this medicine the uneven heartbeats may come back. This could be dangerous.

If you have any further questions on the use of this medicine, ask your doctor or nurse.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following extremely rare side effect can be acutely life threatening under certain conditions. Therefore, a doctor must be informed immediately if such an event occurs suddenly or develops with unexpected intensity:
Severe acute hypersensitivity reaction (e.g. anaphylaxis): In this case, treatment with Amiodarone hydrochloride must be stopped immediately and appropriate emergency medical treatment must be initiated.

Side effects with amiodarone are common, particularly in the heart, lungs and liver. These manifestations are sometimes dose-related and revert after a dose reduction.

Other side effects
The side effects observed according to their frequency of presentation, very common (may affect more than 1 in 10 people); common (may affect up to 1 in 10 people); uncommon (may affect up to 1 in 100 people); rare (may affect up to 1 in 1,000 people); very rare (may affect up to 1 in 10,000 people); frequency not known (cannot be estimated from the available data), have been:

Blood and lymphatic system disorders:
- *Very rare:* Reduction in the number of platelets in the blood (thrombocytopenia), anaemia due to an increased decay of red blood cells or as a result of disturbed blood formation
- *Frequency not known:* You may get more infections than usual. This could be caused by a decrease in the number of white blood cells (neutropenia)., Severe reduction in the number of white blood cells which makes infections more likely (agranulocytosis)..

Cardiac disorders:
- *Common:* Moderately slow heart rate (bradycardia), which varies according to the dose administered.
- *Uncommon:* Conduction disturbances (SA block: a heart block with disturbed conduction from sinus node to the atrium; AV block: a disturbed conduction between the atria and the ventricles). In individual cases, cardiac arrest (asystole) was observed (see section 2 “Warning and precautions”). Onset or worsening of arrhythmia (change in heart rhythm), sometimes followed by cardiac arrest.
- *Very rare:* Markedly slowed heart rate (bradycardia) or sinus arrest , mainly in patients with sinus dysfunction and/or over 65 years of age.
- *Frequency not known: Torsades de pointes* (a special kind of disturbed hear beat); individual cases of ventricular fibrillation or ventricular flutter have been described.

Endocrine disorders:
- *Common:* Thyroid gland produces more thyroid hormone than the body needs (hyperthyroidism) or not enough thyroid hormone (hypothyroidism). Severe hyperthyroidism (in individual cases with fatal outcome) has been reported.
- *Very rare:* Feeling of malaise, confusion or weakness, nausea (feeling the need to vomit), loss of appetite, irritability. These may be an illness known as “syndrome of inappropriate antidiuretic hormone secretion (SIADH)".

Eye disorders:
- *Very common:* Microdeposits on the anterior surface of the cornea of the eye, which are usually limited to the region below the pupil and can cause visual disturbances (blurred vision, coloured halos around light sources). They usually disappear 6-12 months after discontinuation of the drug.
- *Very rare:* Inflammation of the optic nerve (optic neuritis) which can progress to blindness (see section 2 "Warnings and precautions").

Gastrointestinal disorders:
- *Very common:* nausea, vomiting, taste disturbance at the beginning of treatment (during the administration of the loading dose), which disappear when the dose is reduced
- *Uncommon:* abdominal pain, bloating, constipation, loss of appetite
- *Frequency not known:* Sudden inflammation of the pancreas (acute pancreatitis).

General disorders and administration site conditions:
- *Common:* At the injection site, there may be pain, red spots (erythema), swelling of the skin due to accumulation of fluid (oedema), blackening (necrosis), leaking of fluid (extravasation), accumulation of fluid (infiltration), inflammation, hardening (induration), inflammation of the veins (phlebitis, thrombophlebitis), cellulitis, infection, changes in pigmentation.
- *Uncommon:* Tiredness

Hepatobiliary disorders:
- *Very common:* Isolated and often moderate increase in transaminase levels (related to liver function) at the start of treatment. This may go back to normal when the doses are reduced or even spontaneously.
- *Common:* Acute liver disorders with increased blood levels of transaminases and/or yellowing of the skin (jaundice), including liver failure, which can be life-threatening.
- *Very rare:* Chronic liver disease (in individual cases with fatal outcome), liver cirrhosis

Immune system disorders:
- *Very rare:* Severe allergic reaction, which can be life-threatening (anaphylactic shock).
- *Frequency not known:* swelling can also occur due to accumulation of fluid under the skin and in mucous membranes (Quincke’s oedema).

Musculoskeletal disorders:
- *Common:* Muscle weakness
- *Frequency not known:* Backache.

Renal and urinary disorders:
- *Rare:* temporarily impaired kidney function

Nervous system disorders:
- *Common:* Muscle tremor (extrapyramidal tremor), nightmares, sleep disturbance
- *Uncommon:* Peripheral nerve or muscle damage (peripheral sensory neuropathies and/or myopathies), usually reversible after discontinuation of the drug (see “Warnings and Precautions”), dizziness, coordination problems, sensory disturbance (paraesthesia)
- *Very rare:* Benign increase in intracranial pressure, cerebral ataxia, headache.

Psychiatric disorders:
- *Common:* Decrease in sex drive
- *Frequency not known:* Confusional state (delirium), seeing, hearing or feeling things that are not there (hallucinations).

Reproductive system disorders:
- *Very rare:* epididymitis, erectile dysfunction

Respiratory, thoracic and mediastinal disorders:
- *Common:* Due to the pulmonary toxicity of amiodarone, pneumonia (atypical pneumonia as an expression of a hypersensitivity reaction [hypersensitivity pneumonitis], alveolar or interstitial pneumonitis), or proliferation of connective tissue (fibrosis), or pleuritis, or inflammation of the bronchioles (bronchiolitis obliterans with pneumonia/BOOP) may occur (see section 2 “Warnings and precautions”). Individual cases with fatal outcome have been reported. Non-productive coughing and shortness of breath are often the first signs of the aforementioned pulmonary toxicity. Furthermore, weight loss, fever and weakness may occur.
- *Very rare:* Mostly immediately after a surgery, serious respiratory complications (adult acute respiratory distress syndrome) were observed, sometimes with fatal outcome (possible interaction with high oxygen concentration). Contraction of the bronchial muscles (bronchospasm) and/or shortness of breath (apnoea) in cases of severe respiratory failure, mainly in asthmatic patients. They are generally reversible after the end of the treatment.

Skin and subcutaneous tissue disorders:
- *Very common:* Increased sensitivity to light (photosensitization) with increased tendency to sunburn, which can lead to skin redness and rashes.
- *Common:* Itchy red rash (eczema). Prolonged treatment with amiodarone (after switch to oral therapy) may result in hyperpigmentation with black-violet to slate gray skin discoloration (pseudocyanosis), especially in the body areas exposed to sunlight. The discolouration will slowly disappear within 1-4 years after discontinuation of the preparation.
- *Very rare:* Sweating, skin redness under radiotherapy, inflammation of fat cells under the skin (erythema nodosum), rashes, inflammatory redness and scaling of the skin (exfoliative dermatitis), temporary hair loss. *Frequency not known:* Urticaria, characterised by the appearance of hives, irritation and itching of the skin. Life-threatening skin reactions characterised by rash, blisters, desquamation and pain (toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), bullous dermatitis, drug reaction with eosinophilia and systemic symptoms (DRESS).

Vascular disorders:
- *Common:* Reduced blood pressure (hypotension), generally moderate and transient. In case of overdose or too rapid injection, severe hypotension or collapse may occur.
- *Rare:* Inflammation of the blood vessels (vasculitis)
- *Very rare:* Hot flushes.

Injury, poisoning and complications from surgery:
- *Frequency not known:* Life-threatening complication following heart transplantation (primary graft dysfunction) in which the transplanted heart stops working properly (see section 2, "Warnings and Precautions")

Investigations:
- *Very rare:* increased creatinine concentration in the blood

Other possible side effects:
Hypersensitivity reactions due to benzyl alcohol can rarely occur

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via

HPRA Pharmacovigilance
Website: www.hpra.ie
. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Amiodarone hydrochloride

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and syringe after EXP. The expiry date refers to the last day of that month.

Do not store above 25°C. Keep the syringe in the outer carton in order to protect from light.

After dilution, chemical and physical in-use stability has been demonstrated for 3 hours, 48 hours and 15 minutes at concentration 1.2mg/ml, 2.4 mg/ml & 15 mg/ml respectively at 20-25°C. From a microbiological point of view, the product should be used immediately after dilution. If not used immediately, in-use storage times and conditions prior to use are the responsibility of user.

Do not use this medicine if you notice container is damaged or particles/crystals are visible.

For single use only. Discard any unused product.

Do not throw away any medicine via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Amiodarone hydrochloride contains

- The active substance is amiodarone hydrochloride. Each ml contains 30 mg amiodarone hydrochloride. Each syringe of 10 ml contains 300 mg amiodarone hydrochloride.
- The other ingredients are benzyl alcohol, polysorbate 80 and water for injections.

What Amiodarone hydrochloride looks like and contents of the pack

Amiodarone hydrochloride is a clear colourless to pale yellow solution filled in clear glass syringe.

Amiodarone hydrochloride is available in pack containing 1 syringe.

Marketing Authorisation Holder
Accord Healthcare Ireland Limited
Euro House
Euro Business Park
Little Island
Cork T45 K857
Ireland

Manufacturer:

Accord Healthcare Polska Sp.z o.o.
ul. Lutomierska 50,
95-200 Pabianice

Poland

Or
Pharmadox Healthcare Ltd.
KW20A
Kordin Industrial Park,
Paola, PLA3000, Malta

Or
Laboratori Fundació Dau
C/ C, 12-14 Pol. Ind.
Zona Franca, Barcelona, 08040,
Spain

This medicinal product is authorised in the Member States of the EEA under the following names:

Name of the member state	Name of the medicinal product
Austria	Amiodarone Accord 30 mg/ml Konzentrat zur Herstellung einer Injektions-/Infusionslösung
Czech Republic	Amiodarone Accord
Denmark	Amiodarone Accord
Finland	Amiodarone Accord
Germany	Amiodaron Accord 30 mg/ml Konzentrat zur Herstellung einer Injektions-/Infusionslösung
Ireland	Amiodarone hydrochloride 30 mg/ml concentrate for solution for injection/infusion
Italy	Amiodarone Accord
Norway	Amiodarone Accord
Poland	Amiodaron Accord
Portugal	Amiodarona Accord
Romania	Amiodaronă Accord 30 mg/ml concentrat pentru soluție injectabilă / perfuzabilă
Spain	Amiodarona Accord 30 mg/ml concentrado para solución inyectable y para perfusión
Sweden	Amiodarone Accord

The leaflet was last revised in May 2022

Detailed information on this medicine is available on the website of {MS/Agency}

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The following information is intended for healthcare professionals only.

Posology

For ***attack or initial treatment***, intravenous injection or intravenous infusion is possible. Intravenous injection is generally not recommended. Whenever possible, intravenous infusion should be preferred.

Intravenous infusion

Initial or attack dose: The standard recommended dose is 5mg/kg bodyweight given by intravenous infusion over a period of 20 minutes to 2 hours. This should be administered as a dilute solution in 250 ml 5% dextrose.

Therapeutic effects can be observed within a few minutes and then gradually diminish. Therefore, the therapy should be continued with a maintenance infusion.

Maintenance dose: Infuse up to 1200mg (10-20 mg/kg bodyweight) in 250-500ml 5% dextrose per 24 hours; the rate of infusion being adjusted on the basis of clinical response.

Changeover from Intravenous to Oral therapy
As soon as an adequate response has been obtained, oral therapy should be initiated concomitantly at the usual loading dose. should then be phased out gradually.

Intravenous injection (see section "Special warnings and precautions for use" of SmPC).

In extreme clinical emergency, the drug may, at the discretion of the clinician, be given as a slow injection of 150-300mg (5 mg/kg of bodyweight) in 10-20ml 5% dextrose over a minimum of 3 minutes. This should not be repeated for at least 15 minutes, even if the maximum dose was not given at the first injection. Patients treated in this way with amiodarone must be closely monitored, e.g. in an intensive care unit.

Cardiopulmonary resuscitation in the treatment of defibrillation-resistant ventricular fibrillation: The initial IV dose is 300 mg (or 5 mg/kg) diluted in 20 ml of 5% dextrose, and injected rapidly. An additional IV dose of 150 mg (or 2.5 mg / kg) should be considered if ventricular fibrillation persists.

Do not add any other product to the same syringe. Do not administer other preparations in the same line.
If the treatment needs to be prolonged, start a continuous infusion.
In case of poisoning and/or in the case of serious symptoms, immediate treatment is required.
Neither amiodarone hydrochloride nor its metabolites can be dialyzed.

Method of administration

For **intravenous infusions**, amiodarone **must be diluted** as per instructions in section 4.4 of the SmPC.

For slow **intravenous** injections (during clinical emergencies only), amiodarone **must be diluted** with 10 or 20 ml of dextrose 5% depending on the dose administered and the indication e.g. For cardiopulmonary resuscitation, dilute the content of one syringe (300mg/10ml) further with 20ml dextrose 5% (see section 4.2 and 4.4 of the SmPC for further information)

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For single use only.

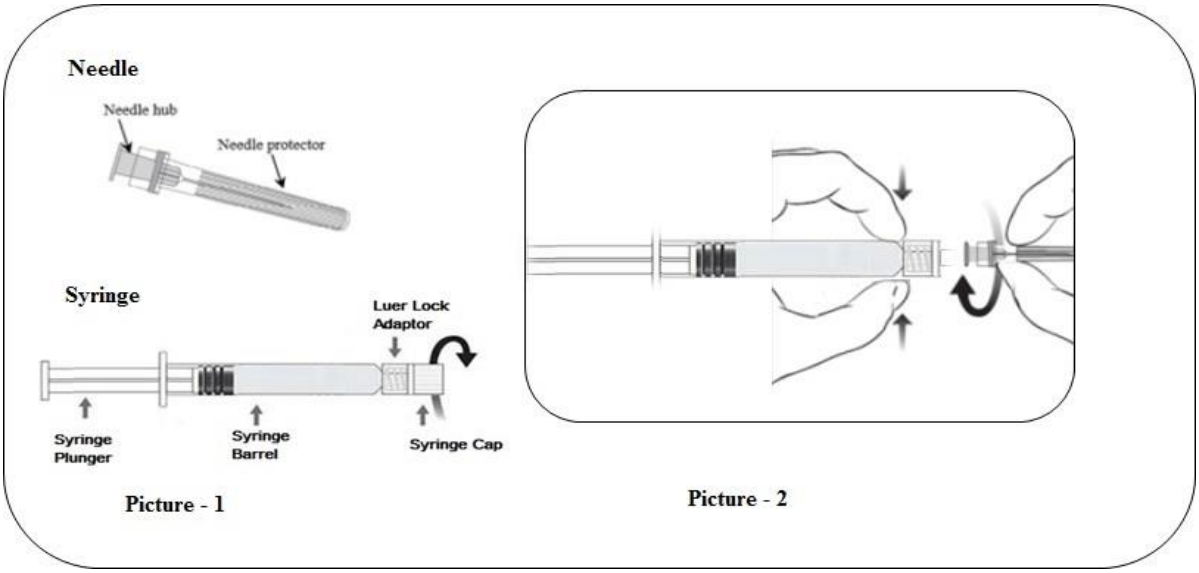
Only 5% dextrose solution may be used for infusion.

To avoid inflammation of the veins, a central venous catheter should be placed during continuous infusion.
Amiodarone Injection Solution is normally only administered to initiate therapy, not for longer than one week.
Amiodarone is incompatible with saline solution.

The use of administration equipment or devices containing plasticizers such as DEHP (di-2-ethylhexyphthalate) in the presence of amiodarone may result in leaching out of DEHP. In order to minimise patient exposure to DEHP, the final amiodarone dilution for infusion should preferably be administered through non DEHP-containing sets.

This medicinal product must not be mixed with other medicinal products except those mentioned in the handling instructions.

Instructions for handling and administration



- Remove glass syringe from twist box and check that it is not damaged.
- Parenteral solutions must be inspected visually for particulate matter and discolouration prior to administration.
- Unscrew the glass syringe cap by twisting it anticlockwise (as illustrated in picture -1).
- Attach the needle to the syringe by gently connecting the needle hub into the luer lock adapter and rotate a quarter turn clockwise until you feel it lock (as illustrated in picture -2).
- Carefully remove the needle cap by pulling it straight off.
- **Must be diluted** further (see section 4.2 of SmPC) with dextrose 5% as per instructions **for intravenous injection**

Prior to administration by **intravenous infusion**, Amiodarone hydrochloride 30 mg/ml concentrate for solution for injection/infusion in syringe **must be diluted** according to directions with 5% dextrose. One syringe of Amiodarone hydrochloride 30 mg/ml concentrate for solution for injection/infusion diluted as recommended in 500 ml of 5% dextrose results in a concentration of 0.6 mg/ml of amiodarone hydrochloride. On account of the stability of the solution, do not use concentrations below 0.6 mg/ml and do not add other medicinal products to the infusion fluid.

Disposal

Syringe is for single use only.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.