

PATIENT INFORMATION LEAFLET

**NITROGLICERINA BIOINDUSTRIA L.I.M.**

50 mg/50 ml concentrate for solution for infusion.  
C01DA02 Nitroglycerine - Equivalent medicinal

**QUALITATIVE AND QUANTITATIVE COMPOSITION**

One vial contains:  
Active substance: Nitroglycerin 50 mg  
Excipients : glucose-propylene glycol- water for injection

**PHARMACEUTICAL FORM**

Concentrate for infusion solution -1 vial 50 ml.

**PHARMACOTHERAPEUTIC CLASS**

Vasodilating agent used in heart diseases.

**MARKETING AUTHORIZATION HOLDER**

Bioindustria L.I.M. S.p.A. - Via De Ambrosiis, 2 - Novi Ligure (AL) - Italy

**MANUFACTURER AND FINAL CONTROLLER**

Bioindustria L.I.M. S.p.A. - Via De Ambrosiis, 2 - Novi Ligure (AL) - Italy

**THERAPEUTIC INDICATIONS**

Unstable angina, variant angina, Prinzmetal's angina. Acute left ventricular failure following or not following acute myocardial infarction, especially with high filling pressure and reduced output per min. Acute pulmonary oedema and pulmonary pre-oedema. Hypertensive crisis.

**CONTRAINDICATION**

The product must not be used in the following cases:  
- Known hypersensitivity to nitroglycerine.  
- Closed-angle glaucoma.  
- Acute circulatory insufficiency (cardiogenic shock, cardiocirculatory collapse).  
- Systemic hypotension (< 100 mm Hg systolic; < 60 mm Hg diastolic).  
- Acute myocardial infarction with low filling pressure, except in intensive care units under continuous haemodynamic monitoring.  
- Grave hypovolaemia.  
- Generally during pregnancy and lactation (see Special warnings).

**PRECAUTIONS**

The product must be used with great care when treating patients with cranial traumas and cerebral haemorrhage.  
Systolic and diastolic pressure, heart rate, plasma volume, systolic pulmonary arterial pressure (right cardiac catheterisation in patients with acute heart failure and myocardial infarct with low filling pressure), left ventricular filling pressure, output/min and EEG must be constantly checked.

**INTERACTIONS**

Ethanol may enhance the nitroglycerin response.  
Vasodilators, antihypertensives and diuretics increase its hypotensive effect. Peripheral dispersion of nitroglycerin is prevented by indometacine administration.

**SPECIAL WARNINGS**

The solution of nitroglycerin for infusion must not be brought into contact with PVC tubes, since as much as 80% of the nitroglycerin may be lost depending on the flow rate. The literature shows that such losses are reduced when other materials, such as polythene, are used. The compatibility of the tube material with nitroglycerin must always be checked to make sure that the clinical effect desired is obtained.

**Pregnancy and lactation**

During the first three months of pregnancy and during lactation the drug must only be used when really needed and under the direct supervision of the physician in charge.

**Effects on the ability to drive vehicles and use machinery**

Some secondary effects (orthostatic hypotension, nausea, vertigo) may attenuate the ability to react, especially at the start of the treatment. Prudence is thus recommended when driving vehicles or using machinery.

**KEEP THE PRODUCT OUT OF REACH AND SIGHT OF CHILDREN**

**POSODOLOGY AND METHOD OF ADMINISTRATION**

Doses are adjusted to each patient's needs and according to the responses displayed by the parameters that must be monitored. Experience shows that the range is 0.5-6 mg/h by continuous i.v. infusion.

Higher doses are rarely required reaching up to 6 mg/h. The infusion solution is prepared by dilution according to the table below and infused with an automatic device or drop by drop according to the second (infusion) table below (1 ml is equivalent to about 20 drops in a normal infusion).

**Dilution table**

No. vials (amount of active substance)		1 (50 mg)	2 (100 mg)	3 (150 mg)
Solution-Vials		50 ml	100 ml	150 ml
Diluent solution needed in ml	Dilution 1:10	500	1000	1500
	Dilution 1:20	1000	2000	3000
	Dilution 1:40	2000	4000	6000
Final volume of solution (ml)	Dilution 1:10	550	1100	1650
	Dilution 1:20	1050	2100	3150
	Dilution 1:40	2050	4100	6150
Final concentration of nitroglycerin (mg/ml)	Dilution 1:10	0,09		
	Dilution 1:20	0,05		
	Dilution 1:40	0,02		

**Infusion table**

Quantity of NTG required per hour	Dilution					
	1:10		1:20		1:40	
	Infusion rate					
	ml/h	drops/min	ml/h	drops/min	ml/h	drops/min
0.50 mg	5.50	2	10.50	3-4	20.50	6-7
0.75 mg	8.25	3	15.75	5	30.75	10
1.00 mg	11.00	3-4	21.00	7	41.00	13-14
1.25 mg	13.75	4-5	26.25	8-9	51.25	17
1.50 mg	16.50	5-6	31.50	10-11	61.50	20-21
2.00 mg	22.00	6-7	42.00	14	82.00	26-27
2.50 mg	27.50	9	52.50	17	102.50	34
3.00 mg	33.00	11	63.00	21	123.00	41
3.50 mg	38.50	13	73.50	24-25	143.50	47-48
4.00 mg	44.00	12-13	84.00	28	164.00	53
4.50 mg	49.50	14-15	94.50	31-32	184.50	59-60
5.00 mg	55.00	18	105.00	35	205.00	68
5.50 mg	60.50	20	115.50	38-39	225.50	74-75
6.00 mg	66.00	22	126.00	42	246.00	82

**INCOMPATIBILITIES**

Nitroglycerine is compatible with the usual clinical infusion solutions (physiological, 4-30% glucose, Ringer's, solution containing proteins). No incompatibilities with other infusion solutions have been discovered so far. Dilutions must be made in glass containers for phleboclysis using polyethylene administration sets.

The solution must not be brought into contact with PVC tubes, since as much as 80% of the nitroglycerine may be lost depending on the flow rate. The literature shows that such losses are reduced when other materials, such as polythene, are used. The compatibility of the tube material with nitroglycerine must always be checked to make sure that the clinical effect desired is obtained.

**OVERDOSAGE**

Accidental overdosage may result in severe hypotension and reflex tachycardia. These reactions can be corrected by slowing or temporarily suspending the infusion until the patient's condition stabilises, and by adopting appropriate supportive measures. Additional corrective measures are not usually needed because the haemodynamic effects of nitroglycerine are transient.

If, however, further treatment is indicated, the i.v. administration of plasma substitutes and/or alpha-adrenergic agonists should be considered.

**UNDESIRABLE EFFECTS**

Headache, including severe and persistent, caused by cerebral vasodilatation, may occur immediately after administration of nitroglycerin.

Dizziness, confusion, weakness, increased heart rate and other manifestations of hypotension, such as nausea vomiting, diaphoresis, pallor and dizziness are usually related to drug overdose. Only rarely nitroglycerin can induce bradycardia and sign of ipervagotonia.

Furthermore in patients treated with nitrates, it is possible the occurrence of skin rash or exfoliative dermatitis.

Have been rare reports of methemoglobinemia rapidly reversible by reducing the infusion rate and administration of methylene blue.

Undesirable effects such as flushing, headache and postural hypotension may be a limitation to therapy, especially in early on when angina is severe or when patients are hypersensitive to the effects of nitrates. The headache usually disappears during treatment.

Reported adverse events are listed below by class of device.

- Blood and lymphatic system disorders
- Rare: Methaemoglobinaemia
- Nervous system disorders: dizziness, headache
- Disorders of the eye: blurred vision
- Cardiac disorders: tachycardia , palpitation,paradoxical bradycardia, syncope
- Vascular disorders: postural hypotension
- Gastrointestinal disorders: nausea,digestive troubles
- Skin and subcutaneous tissue disorders: rash
- General disorders and administration site alterations impairments

General disorders: flushing with erythema, weakness, sweating

Very rare: cyanosis

Alteration of the site of administration

Burning, erithema

Methaemoglobinaemia has been associated with prolonged treatment or with high doses.

*Compliance with the instructions in the leaflet reduces the risk of side effects.*

**SHELF LIFE AND STORAGE**

See the expiration date printed on the packaging. This date refers to the product unopened, properly stored.

**Warning:** do not take this medicine after the expiration date printed on the packaging use.

**DATE OF LAST (PARTIAL) REVISION OF THE TEXT**

August 2011