

## SUMMARY OF PRODUCT CHARACTERISTICS

### 1 NAME OF THE MEDICINAL PRODUCT

OMNIPAQUE 240 mg I/ml, 300 mg I/ml, 350 mg I/ml

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Iohexol 518mg/ml equivalent to 240mg/ml iodine.

Iohexol 647 mg/ml equivalent to 300mg/ml Iodine

Iohexol 755 mg/ml equivalent to 350 mg/ml iodine.

Iohexol is a non-ionic, monomeric, triiodinated, water-soluble X-ray contrast medium.

The osmolality and viscosity values of Omnipaque 240, 300, 350 mg I/ml are as follows:

Concentration	Osmolality *	Viscosity (mPa·s)*	
	Osm/kg H <sub>2</sub> O	20°C	37°C
240 mg I/ml	0.51	5.6	3.3
300 mg I/ml	0.64	11.6	6.1
350 mg I/ml	0.78	23.3	10.6

\* Method: Vapour - pressure osmometry.

This medicinal product contains 0.012mg sodium per ml, i.e. essentially sodium free.

For a full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Solution for injection.

A clear, colourless to pale yellow, sterile aqueous solution.

### 4 CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

This medicinal product is for diagnostic use only.

X-ray contrast medium for use in adults and children for cardioangiography, arteriography, urography, phlebography and CT-enhancement. Lumbar, thoracic, cervical myelography and computed tomography of the basal cisterns, following subarachnoid injection.

Arthrography, endoscopic retrograde pancreatography (ERP), endoscopic retrograde cholangiopancreatography (ERCP), herniography, hysterosalpingography, sialography and studies of the gastrointestinal tract.

#### 4.2 Posology and method of administration

The dosage vary depending on the type of examination age, weight, cardiac output and general condition of the patient and the technique used. Usually, the same iodine

## OMNIPAQUE™ Injection X-ray contrast medium

concentration and volume is used as with other iodinated X-ray contrast media in current use. Adequate hydration should be assured before and after administration as for other contrast media.

For intravenous, intra-arterial and intrathecal use, and use in body cavities.

The following dosages may serve as a guide:

### Guidelines for intravenous use

Indication	Concentration	Volume	Comments
<b>Urography</b>			
<u>adults:</u>	300 mg l/ml or 350 mg l/ml	40 - 80 ml 40 - 80 ml	80 ml may be exceeded in selected cases
<u>children &lt; 7 kg</u>	240 mg l/ml or 300 mg l/ml	4 ml/kg b.w. 3 ml/kg b.w.	
<u>children &gt; 7 kg</u>	240 mg l/ml or 300 mg l/ml	3 ml/kg b.w. 2 ml/kg b.w. (max 40 ml)	
Phlebography (leg)	240 mg l/ml or 300 mg l/ml	20 - 100 ml/leg	
<b>Digital subtraction angiography</b>	300 mg l/ml or 350 mg l/ml	20 - 60 ml/inj. 20 - 60 ml/inj.	
CT-enhancement			
<u>adults:</u>	240 mg l/ml or 300 mg l/ml or 350 mg l/ml	100 - 250 ml 100 - 200 ml 100 - 150 ml	Total amount of iodine usually 30 - 60 g
<u>children:</u>	240 mg l/ml or 300 mg l/ml	2-3 ml/kg b.w. up to 40 ml 1-3 ml/kg b.w. up to 40 ml	In a few cases up to 100 ml may be given

### Guidelines for intra-arterial use

Indication	Concentration	Volume	Comments
Arteriographies			
arch aortography	300 mg l/ml	30 - 40 ml/inj.	Volume per injection depends on the site of injection
selective cerebral aortography	300 mg l/ml	5 - 10 ml/inj.	
femoral	350 mg l/ml 300 mg l/ml or 350 mg l/ml	40 - 60 ml/inj. 30 - 50 ml/inj.	
various	300 mg l/ml	depending on type of examination	

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Indication	Concentration	Volume	Comments
Cardioangiography <u>adults:</u> left ventricle and aortic root inj. selective coronary arteriography <u>children:</u>	350 mg l/ml 350 mg l/ml 300 mg l/ml or 350 mg l/ml	30 - 60 ml/inj. 4 - 8 ml/inj. depending on age, weight and pathology (max 8 ml/kg b.w.)	
Digital subtraction angiography	240 mg l/ml or 300 mg l/ml	1 - 15 ml/inj. 1 - 15 ml/inj.	depending on site of inj. occasionally large volumes - up to 30 ml - may be used

### Guidelines for intrathecal use

Indication	Concentration	Volume	Comments
Lumbar and thoracic myelography (lumbar injection)	240 mg l/ml	8 – 12 ml	
Cervical myelography (lumbar injection)	240 mg l/ml or 300 mg l/ml	10-12 ml 7 - 10 ml	
Cervical myelography (lateral cervical injection)	240 mg l/ml or 300 mg l/ml	6 - 10 ml 6 - 8 ml	
CT cisternography (lumbar injection)	240 mg l/ml	4 - 12 ml	

To minimize possible adverse reactions a total dose of 3 g iodine should not be exceeded.

### Guidelines for body cavities

Indication	Concentration	Volume	Comments
<b>Arthrography</b>	300 mg l/ml or 350 mg l/ml	5 - 15 ml 5 - 10 ml	

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<b>ERP/ERCP</b>	240 mg l/ml	20 - 50 ml	
<b>Herniography</b>	240 mg l/ml	50 ml	The dosage varies with the size of the hernia
<b>Hysterosalpingography</b>	240 mg l/ml or 300 mg l/ml	15 - 50 ml 15 - 25 ml	
<b>Sialography</b>	240 mg l/ml or 300 mg l/ml	0.5 - 2 ml 0.5 - 2 ml	
<b><u>Gastrointestinal studies</u></b> <b>Oral use</b> <i>Adults:</i>	350 mg l/ml	Individual	Max. dose 50 ml Max. dose 50 ml
<i>Children:</i> - oesophagus	300 mg l/ml or 350 mg l/ml	2-4 ml/kg b.w. 2-4 ml/kg b.w.	
<i>Prematures:</i>	350 mg l/ml	2-4 ml/kg b.w.	
<b>Rectal use</b> - <i>children:</i>	dilute with tap-water to 100-150 mg/l/ml	5-10 ml/kg b.w.	Example: Dilute Omnipaque 240, 300 or 350 with tap-water 1:1 or 1:2
<b><u>CT- enhancement</u></b> <b>Oral use</b> - <i>adults:</i>	Dilute with tap water to ~6mg/l/ml	800-2000 ml of the diluted solution over a period of time	Example: Dilute Omnipaque 300 or 350 with tap water 1:50
- <i>children:</i>	Dilute with tap water to ~6mg/l/ml	15-20 ml/kg b.w. of the diluted solution	
<b>Rectal use</b> - <i>children:</i>	Dilute with tap water to ~6mg/l/ml	individual	

For elderly patients, patients with hepatic and/or renal impairments, the usual/proposed doses for adults can be used.

### 4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients ( See section 6 .1 ).  
Manifest thyrotoxicosis.

#### 4.4 Special warnings and precautions for use.

##### Special precautions for use of non-ionic monomeric contrast media in general:

##### Hypersensitivity:

A positive history of allergy, asthma, or untoward reactions to iodinated contrast media indicates a need for special caution. Any application of contrast media should, therefore, be preceded by a detailed medical history, in patients with allergic diathesis and in patients with known hypersensitivity reactions a very strict indication is required.

Premedication with corticosteroids or histamine H<sub>1</sub> and H<sub>2</sub> antagonists might be considered in patients at risk for intolerance, they may, however, not prevent anaphylactic shock, they may actually mask initial symptoms. In patients with bronchial asthma especially the risk for bronchospasm is increased.

The risk of serious reactions in connection with use of Omnipaque is regarded as minor. However, iodinated contrast media may provoke serious, life-threatening, fatal anaphylactic/anaphylactoid reactions or other manifestations of hypersensitivity. Independent of quantity and route of administration, symptoms such as angio-oedema, conjunctivitis, coughing, pruritus, rhinitis, sneezing and urticaria may be indicative of a serious anaphylactoid reaction requiring treatment.

A course of action should therefore be planned in advance, with necessary drugs, equipment, medical experience and skilled personnel available for immediate treatment, should a serious reaction occur. In imminent state of shock, administration of the contrast medium must be terminated immediately and - if necessary - specific intravenous treatment must be initiated. It is advisable to use an indwelling cannula or catheter for quick intravenous access throughout the entire X-ray procedure.

Patients using beta-adrenergic blocking agents, particularly asthmatic patients, may have a lower threshold for bronchospasm and are less responsive to treatment with beta agonists and adrenaline, which may necessitate the use of higher doses. These patients may also present with atypical symptoms of anaphylaxis which may be misinterpreted as vagal reaction.

Usually, hypersensitivity reactions become manifest as minor respiratory or cutaneous symptoms, such as mild difficulties of breathing, skin reddening (erythema), urticaria, pruritus or facial oedema. Severe reactions such as angio-oedema, subglottis oedema, bronchial spasm and shock are rare.

These reactions usually occur within one hour following application of the contrast medium. In rare cases, hypersensitivity may occur delayed (after hours or days), but these cases are rarely life threatening, and mainly affect the skin.

##### *Coagulopathy*

Serious, rarely fatal, thromboembolic events causing myocardial infarction and stroke have been reported during angiocardigraphic procedures with both ionic and non-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 heparinized saline) so as to minimize the risk of *procedure-related* thrombosis and embolism.

During catheterization it should be considered that besides the contrast medium numerous other factors may also influence the development of thromboembolic events. These are: duration of the examination, number of injections, type of catheter and syringe material, existing underlying diseases and concomitant medication.

The examination shall be kept as short as possible.

Care should be taken in patients with homocystinuria. (Risk for thromboembolism).  
*In vitro*, non-ionic contrast media have a weaker coagulation inhibiting effect than ionic contrast media.

Hydration:

Adequate hydration should be assured before and after contrast media administration. If necessary, the patient should be hydrated intravenously until excretion of the contrast medium is complete.

This applies especially to patients with dys- and paraproteinaemias like multiple myeloma, diabetes mellitus, renal dysfunction, hyperuricaemia, as well as to infants, small children and elderly patients and patients in bad general condition. In patients at risk the water and electrolyte metabolism must be controlled and symptoms of a dropping serum calcium level must be taken care of.

Due to the risk of dehydration induced by diuretics, at first, water and electrolyte rehydration is necessary to limit the risk of acute kidney injury .

*Cardio-circulatory reactions:*

Care should also be taken in patients with serious cardiac disease or cardio-circulatory disease and pulmonary hypertension as they may develop haemodynamic changes or arrhythmias.

This is especially applicable following intracoronary, left and right ventricular application of contrast media (see also section 4.8).

Patients with cardiac insufficiency, severe coronary heart disease, instable angina pectoris, valvular diseases, previous myocardial infarction, coronary bypass and pulmonary hypertension are especially predisposed for cardiac reactions.

In elderly patients and patients with pre-existing cardiac diseases reactions with ischemic changes in the ECG and arrhythmia occur more frequently.

In patients with cardiac insufficiency intravascular injection of contrast media can induce pulmonary oedema.

CNS disturbances:

Encephalopathy has been reported with the use of contrast media, such as iohexol (see section 4.8). Contrast encephalopathy may manifest with symptoms and signs of neurological dysfunction such as headache, visual disturbance, cortical blindness, confusion, seizures, loss of coordination, hemiparesis, aphasia, unconsciousness, coma and cerebral oedema. Symptoms usually occur within minutes to hours after administration of iohexol, and generally resolve within days.

Factors which increase blood-brain barrier permeability will ease the transfer of contrast media to brain tissue and may lead to possible CNS reactions for instance encephalopathy.

Caution is advised in intravascular application to patients with acute cerebral infarction or acute intracranial bleeding as well as in patients with diseases causing disturbance of the blood-brain barrier, in patients with cerebral oedema, acute demyelination or advanced cerebral atherosclerosis.

If contrast encephalopathy is suspected, administration of iohexol should be discontinued and appropriate medical management should be initiated.

Neurological symptoms caused by metastases, degenerative or inflammatory processes can be aggravated by application of contrast media.

Patients with symptomatic cerebrovascular diseases, previous stroke or frequent transitory ischemic attacks are at increased risk for contrast medium-induced neurological complications following intra-arterial injection. Intra-arterial injection of contrast media may induce vasospasm with resulting cerebral ischaemic phenomena.

Patients with acute cerebral pathology, tumours or a history of epilepsy are predisposed for seizures and merit particular care. Also alcoholics and drug addicts have an increased risk for seizures and neurological reactions. A few patients have experienced a temporary hearing loss or even deafness after myelography, which is believed to be due to a drop in spinal fluid pressure by the lumbar puncture per se.

*Renal reactions:*

Use of iodinated contrast media may cause increase in serum creatinine and acute kidney injury. To prevent these conditions following contrast media administration, special care should be exercised in patients with pre-existing renal impairment and diabetes mellitus as they are at risk.

Other predisposing factors are preceding renal failure following application of contrast media, a history of renal disease, age over 60 years, dehydration, advanced arteriosclerosis, decompensated cardiac insufficiency, high doses of contrast media and multiple injections, direct application of contrast media to the renal artery, exposition to further nephrotoxins, severe and chronic hypertension, hyperuricaemia, paraproteinemias (myelomatosis and Waldenström's macroglobulinemia, plasmocytoma) or dysproteinemias.

Preventive measures include:

- Identification of high risk patients
- Ensuring adequate hydration. If necessary by maintaining an i.v. infusion from before the procedure until the contrast medium has been cleared by the kidneys.
- Avoiding additional strain on the kidneys in the form of nephrotoxic drugs, oral cholecystographic agents, arterial clamping, renal arterial angioplasty, or major surgery, until the contrast medium has been cleared.
- Dose reduction to a minimum.
- Postponing a repeat contrast medium examination until renal function returns to pre-examination levels.

Patients on haemodialysis may receive contrast media for radiological procedures. Correlation of the time of contrast media injection with the haemodialysis session is unnecessary.

Diabetic patients receiving metformin.

There is a risk of the development of lactic acidosis when iodinated contrast agents are administered to diabetic patients treated with metformin, particularly in those with impaired renal function. To reduce the risk of lactic acidosis, serum creatinine level should be measured in diabetic patients treated with metformin prior to intravascular administration of iodinated contrast media and the following precautions undertaken in the following circumstances:

1. Patients with eGFR equal or greater than 60 mL/min/1.73m<sup>2</sup> (CKD 1 and 2) can continue to take metformin normally.
2. Patients with eGFR 30-59 mL/min/1.73m<sup>2</sup> (CKD 3)
  - Patients receiving intravenous contrast medium with eGFR equal or greater than 45 mL/min /1.73m<sup>2</sup> can continue to take metformin normally
  - In patients receiving intra-arterial contrast medium, and those receiving

intravenous contrast medium with an eGFR between 30 and 44 mL/min/1.73m<sup>2</sup> metformin should be discontinued 48 hours before contrast medium and should only be restarted 48 hours after contrast medium if renal function has not deteriorated.

3. In patients with eGFR less than 30 mL/min/1.73m<sup>2</sup> (CKD 4 and 5) or with an intercurrent illness causing reduced liver function or hypoxia metformin is contraindicated iodinated contrast media should be avoided.
4. In emergency patients in whom renal function is either impaired or unknown, the physician shall weigh out risk and benefit of an examination with a contrast medium. Metformin should be stopped from the time of contrast medium administration. After the procedure, the patient should be monitored for signs of lactic acidosis. Metformin should be restarted 48 hours after contrast medium if serum creatinine/eGFR is unchanged from the pre-imaging level.

*patients with disturbance of both hepatic and renal function*

Particular care is required in patients with severe disturbance of both renal and hepatic function as they may have significantly delayed contrast medium clearance. Patients on haemodialysis may receive contrast media for radiological procedures.

*Myasthenia gravis*

The administration of iodinated contrast media may aggravate the symptoms of myasthenia gravis.

*Phaeochromocytoma*

In patients with phaeochromocytoma undergoing interventional procedures, alpha blockers should be given as prophylaxis to avoid a hypertensive crisis.

*Disturbed thyroid function*

Due to free iodide in the solutions and additional iodide released by deiodination, iodinated contrast media influence thyroid function. This may induce hyperthyroidism or even thyrotoxic crisis in predisposed patients.

Patients with manifest but not yet diagnosed hyperthyroidism are at risk, patients with latent hyperthyroidism (e.g., nodular goitre) and patients with functional autonomy (often e.g. elderly patients, especially in regions with iodine deficiency) should therefore have their thyroid function assessed before examination if such conditions are suspected.

Before administering an iodinated contrast agent, make sure that the patient is not about to undergo thyroid scan or thyroid function tests or treatment with radioactive iodine, as administration of iodinated contrast agents, regardless of the route, interferes with hormone assays and iodine uptake by the thyroid gland or metastases from thyroid cancer until urinary iodine excretion returns to normal. See also section 4.5.

Thyroid function tests indicative of hypothyroidism or transient thyroid suppression have been reported following iodinated contrast media administration to adult and paediatric patients, including infants. Some patients were treated for hypothyroidism. See also section on Paediatric population.

*Anxiety conditions*

A sedative may be administered in the case of marked anxiety.

*Sickle cell disease*

Contrast media may promote sickling in individuals who are homozygous for sickle cell disease when injected intravenously and intra-arterially.

*Further risk factors*

Among patients with autoimmune diseases cases of serious vasculitis or Stevens-Johnson-like syndromes have been observed.

Severe vascular and neurological diseases, especially in elderly patients are risk factors for reactions to contrast media.

*Extravasation*

Extravasation of contrast media may on rare occasions give rise to local pain, and oedema and erythema, which usually recedes without sequelae. However, inflammation and even tissue necrosis have been seen. Elevating and cooling the affected site is recommended as routine measures. Surgical decompression may be necessary in cases of compartment syndrome.

Observation-time:

Patients must be kept under close observation for 30 minutes following the last injection as the majority of severe reactions occur at this time.

The patient should remain in the hospital environment (but not necessarily the radiology department) for one hour after the last injection, and should return to the radiology department if any symptoms develop.

Intrathecal use:

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.

Paediatric population:

Special attention should be paid to paediatric patients below 3 years of age because an incident underactive thyroid during early life may be harmful for motor, hearing, and cognitive development and may require transient T4 replacement therapy. The incidence of hypothyroidism in patients younger than 3 years of age exposed to iodinated contrast media has been reported between 1.3% and 15% depending on the age of the subjects and the dose of the iodinated contrast agent and is more commonly observed in neonates and premature infants. Neonates may also be exposed through the mother during pregnancy. Thyroid function should be evaluated in all paediatric patients younger than 3 years of age following exposure to iodinated contrast media. If hypothyroidism is detected, the need for treatment should be considered and thyroid function should be monitored until normalized.

Especially in infants and small children, adequate hydration should be assured before and after contrast media administration. Nephrotoxic medication should be suspended. The age dependent reduced glomerular filtration rate in infants can also result in delayed excretion of contrast agents.

Young infants (age < 1 year) and especially neonates are susceptible to electrolyte disturbance and haemodynamic alterations.

Cerebral arteriography:

In patients with advanced arteriosclerosis, severe hypertension, cardiac decompensation, old age, and previous cerebral thrombosis or embolism and migraine, cardiovascular reactions such as bradycardia and increases or decreases in blood pressure may occur more often.

Arteriography

In relation to procedure used, injury of the artery, vein, aorta and adjacent organs, pleurocentesis, retroperitoneal bleeding, spinal cord injury and symptoms of paraplegia may occur.

**4.5 Interaction with other medicinal products and other forms of interaction**

Use of iodinated contrast media may result in a transient impairment of renal function and this may precipitate lactic acidosis in diabetics who are taking metformin (see section 4.4).

Patients treated with interleukin-2 and interferons less than two weeks previously have been associated with an increased risk for delayed reactions (erythema, flu-like symptoms or skin reactions).

The concomitant use of certain neuroleptics or tricyclic antidepressants can reduce the seizure threshold and thus increase the risk of contrast medium-induced seizures.

Treatment with  $\beta$ -blockers may lower the threshold for hypersensitivity reactions, as well as necessitating higher doses of  $\beta$ -agonists when treating hypersensitivity reactions.

Beta-blockers, vasoactive substances, angiotensin-converting enzyme inhibitors, angiotensin receptor antagonists may reduce efficacy of cardiovascular compensation mechanisms of blood pressure changes.

All iodinated contrast media may interfere with tests on thyroid function, thus the iodine binding capacity of the thyroid may be reduced for up to several weeks.

High concentrations of contrast media in serum and urine can interfere with laboratory tests for bilirubin, proteins or inorganic substances (e.g. iron, copper, calcium and phosphate). These substances should therefore not be assayed on the day of examination.

**4.6 Fertility, pregnancy and lactation**

Pregnancy:

The safety of Omnipaque for use in human pregnancy has not been established. An evaluation of experimental animal studies does not indicate direct or indirect harmful effects with respect to reproduction, development of the embryo or foetus, the course of gestation and peri- and postnatal development.

Since whenever possible, radiation exposure should be avoided during pregnancy, the benefits of an X-ray examination, with or without contrast media, should be carefully

weighed against the possible risk. Omnipaque should not be used in pregnancy unless the benefit outweighs risk, and it is considered essential by the physician.

Apart from avoidance of exposition to radiation, the sensitivity of the foetal thyroid gland to iodine should be taken into account when risk and benefit are evaluated.

In neonates who have been exposed to iodinated contrast media in utero, it is recommended to monitor thyroid function (see section 4.4).

**Breast-feeding:**

Contrast media are poorly excreted in human breast milk and minimal amounts are absorbed by the intestine. Harm to the nursing infant is therefore unlikely. Breast feeding may be continued normally when iodinated contrast media are given to the mother. The amount of iohexol in breast milk excreted in 24 hours after injection was 0.5% of the weight adjusted dose in a trial.

The amount of iohexol ingested by the baby in the first 24 hours after injection corresponds to only 0.2% of the paediatric dose.

#### **4.7 Effects on ability to drive and use machines**

It is not advisable to drive a car or use machines for one hour after the last injection or for 24 hours following intrathecal procedure (see section 4.4). However, individual judgement must be performed if persistent post-myelography symptoms.

#### **4.8 Undesirable effects**

General (applies to all uses of iodinated contrast media)

Below are listed possible general side effects in relation with radiographic procedures, which include the use of non-ionic monomeric contrast media. For side effects specific to mode of administration, please refer to these specific sections.

Hypersensitivity reactions may occur irrespective 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.

A transient increase in S-creatinine is common after iodinated contrast media, contrast induced nephropathy may occur.

Iodism or "iodide mumps" is a very rare complication of iodinated contrast media resulting in swelling and tenderness of the salivary glands for up to approximately 10 days after the examination.

The listed frequencies are based on internal clinical documentation and published large scale studies, comprising more than 200,000 patients.

The frequencies of undesirable effects are defined as follows:

Very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1,000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1,000$ ), very rare ( $< 1/10,000$ ) and not known (cannot be estimated from the available data)

*Immune system disorders:*

Rare: Hypersensitivity (may be life-threatening or fatal), including dyspnoea, rash, erythema, urticaria, pruritus, skin reaction, conjunctivitis, coughing, rhinitis, sneezing, vasculitis, angioedema, laryngeal oedema, laryngospasm, bronchospasm or non-cardiogenic pulmonary oedema. They may appear either immediately after the injection and may be indicative of the beginning of a state of shock. Hypersensitivity related skin reactions may appear up to a few days after the injection.

Very rare: Anaphylactic/anaphylactoid reaction (may be life-threatening or fatal)

Not known: Anaphylactic/anaphylactoid shock (may be life-threatening or fatal)

*Nervous system disorders:*

Uncommon: Headache

Very rare: Dysgeusia (transient metallic taste), syncope vasovagal

*Cardiac disorders:*

Rare: Bradycardia

*Vascular disorders:*

Very rare: Hypertension, hypotension

*Gastrointestinal disorders:*

Uncommon: Nausea

Rare: Vomiting, abdominal pain

Very rare: Diarrhoea

Not known: Salivary gland enlargement

*General disorders and administration site conditions:*

Common: Feeling hot

Uncommon: Hyperhidrosis, cold feeling, vasovagal reactions

Rare: Pyrexia

Very rare: Shivering (chills)

*Injury, poisoning and procedural complications:*

Not known: Iodism

Intravascular use (Intraarterial and Intravenous use)

Please first read the section labelled "General". Below, only undesirable events with frequency during intravascular use of nonionic monomeric contrast media are described.

The nature of the undesirable effects specifically seen during intra-arterial use depends on the site of injection and dose given. Selective arteriographies and other procedures in which the contrast medium reaches a particular organ in high concentrations may be accompanied by complications in that particular organ.

*Blood and lymphatic system disorders:*

Not known: Thrombocytopenia

*Endocrine disorders:*

Not known: Thyrotoxicosis, transient hypothyroidism

*Psychiatric disorders:*

Not known: Confusion, agitation, restlessness, anxiety

*Nervous system disorders:*

Rare: Dizziness, paresis, paralysis, photophobia, somnolence

Very rare: Seizures, disturbance in consciousness, cerebrovascular accident, stupor, sensory abnormalities (including hypoaesthesia), paraesthesia, tremor.

Not known: Transient motor dysfunction (including speech disorder, aphasia, dysarthria), transient contrast induced encephalopathy (including transient memory loss, disorientation, coma, retrograde amnesia, hemiparesis, and brain oedema.)

*Eye disorders:*

Rare: Visual impairment (including diplopia, blurred vision)

Not known: Transient cortical blindness

*Ear and labyrinth disorders:*

Not known: Transient hearing loss

*Cardiac disorders:*

Rare: Arrhythmia (including bradycardia, tachycardia).

Very rare: myocardial infarction, chest pain

Not known: Severe cardiac complications (including cardiac arrest, cardio-respiratory arrest), cardiac failure, spasm of coronary arteries, cyanosis

*Vascular disorders:*

Very rare: Flushing

Not known: Shock, arterial spasm, thrombophlebitis and venous thrombosis

*Respiratory, thoracic and mediastinal disorders:*

Common: Transient changes in respiratory rate, respiratory distress

Rare: Cough, respiratory arrest

Very rare: Dyspnoea

Not known: Severe respiratory symptoms and signs, pulmonary oedema, acute respiratory distress syndrome, bronchospasm, laryngospasm, apnoea, aspiration asthma attack

*Skin and subcutaneous tissue disorders:*

Rare: Rash, pruritus, urticaria

Not known: Bullous dermatitis, Stevens-Johnson syndrome,, toxic epidermal necrolysis, acute generalised exanthematous pustulosis, drug rash with eosinophilia and systemic symptoms, psoriasis flare-up, erythema, drug eruption, skin exfoliation.

*Gastrointestinal disorders:*

Rare: Diarrhoea

Not known: Aggravation of pancreatitis

*Musculoskeletal and connective tissue disorders:*

Not known: Arthralgia, muscular weakness, musculoskeletal spasm, back pain

*Renal and urinary disorders:*

Uncommon: Acute kidney injury

Not known: Blood creatinine increased

*General disorders and administration site conditions:*

Uncommon: Pain and discomfort

Rare: Asthenic conditions (including malaise, fatigue).

Not known: Administration site reactions, including extravasation

*Injury, poisoning and procedural complications:*

Not known: Iodism

Intrathecal use

*Please first read the section labelled "General". Below, only undesirable events with frequency during intrathecal use of nonionic monomer contrast media are described.*

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.

Headache, nausea, vomiting or dizziness may largely be attributed to pressure loss in the sub-arachnoid space resulting from leakage at the puncture site. Excessive removal of cerebrospinal fluid should be avoided in order to minimize pressure loss.

*Psychiatric disorders:*

Not known: Confusion, agitation, anxiety

*Nervous system disorders:*

Very common: Headache (may be severe and prolonged)

Uncommon: Aseptic meningitis (including chemical meningitis).

Rare: Seizures, dizziness

Not known: Electroencephalogram abnormal, meningism, status epilepticus, transient contrast-induced encephalopathy (including transient memory loss, coma, stupor, retrograde amnesia, hemiparesis), motor dysfunction (including speech disorder, aphasia, dysarthria), paraesthesia, hypoesthesia and sensory disturbance

*Eye disorders:*

Rare: Visual impairment (including diplopia and blurred vision)

Not known: Transient cortical blindness, photophobia

*Ear and labyrinth disorders:*

Not known: Transient hearing loss

*Gastrointestinal disorders:*

Common: Nausea, vomiting

*Musculoskeletal and connective tissue disorders:*

Rare: Neck pain, back pain

Not known: Muscle spasm

*General disorders and administration site conditions:*

Rare: Pain in extremity

Not known: Administration site conditions

Use in Body Cavities

*Please first read the section labelled "General". Below, only undesirable events with frequency during use of non-ionic monomeric contrast media in body cavities are described.*

Endoscopic Retrograde Cholangiopancreatography (ERCP):

*Gastrointestinal disorders:*

Common: Pancreatitis, blood amylase increased

Oral use:

*Gastrointestinal disorders:*

Very common: Diarrhoea

Common: Nausea, vomiting

Uncommon: Abdominal pain

Hysterosalpingography (HSG):

*Gastrointestinal disorders:*

Very common: Lower abdominal pain

Arthrography:

*Musculoskeletal and connective tissue disorders:*

Not known: Arthritis

*General disorders and administration site conditions:*

Very common: Pain

Herniography:

*General disorders and administration site conditions:*

Not known: Post procedural pain

Description of selected adverse reactions

Thrombo-embolic complications have been reported in connection with contrast-enhanced angiography of coronary, cerebral, renal and peripheral arteries. The contrast agent may have contributed to the complications (see section 4.4).

Cardiac complications including acute myocardial infarction have been reported during or after contrast-enhanced coronary angiography. Elderly patients or patients with severe coronary artery disease, unstable angina pectoris and left ventricular dysfunction had a higher risk (see section 4.4).

In very rare occasions the contrast medium may cross the blood-brain barrier resulting in uptake of contrast medium in the cerebral cortex that may cause neurological reactions. They may include convulsions, transient motor or sensory disturbances, transient confusion, transient memory loss, and encephalopathy (see section 4.4).

Anaphylactoid reaction and anaphylactoid shock may lead to profound hypotension and related symptoms and signs like hypoxic encephalopathy, renal and hepatic failure (see section 4.4).

In several cases, extravasation of contrast media has caused local pain and oedema, which usually receded without sequelae. Inflammation, tissue necrosis and compartment syndrome have occurred (see section 4.4).

Paediatric patients:

Transient hypothyroidism has been reported in premature infants, neonates and in other children after administration of iodinated contrast media. Premature infants are

particularly sensitive to the effect of iodine. Transient hypothyroidism in a premature breast fed infant has been reported. The nursing mother was repeatedly exposed to Omnipaque (see section 4.4).

Especially in infants and small children, adequate hydration should be assured before and after contrast media administration. Nephrotoxic medication should be suspended. The age dependent reduced glomerular filtration rate in infants can also result in delayed excretion of contrast agents.

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form <https://sideeffects.health.gov.il/>

And emailed to the Registration Holder's Patient Safety Unit at:

[drugsafety@neopharmgroup.com](mailto:drugsafety@neopharmgroup.com)

#### **4.9 Overdose**

Preclinical data indicate a high safety margin for Omnipaque and no fixed upper dose level has been established for routine intravascular use. Symptomatic overdosing is unlikely in patients with normal renal function unless the patient has received an excess of 2000 mg I/kg body-weight over a limited period of time. The duration of the procedure is important for the renal tolerability of high doses of contrast media ( $t_{1/2} \sim 2$  hours). Accidental overdosing is most likely following complex angiographic procedures in children, particularly when multiple injections of contrast medium with high-concentration are given.

In cases of overdose, any resulting water- or electrolyte imbalance must be corrected. Renal function should be monitored for the next 3 days. If needed, haemodialysis may be used for clearance of excessive contrast medium. There is no specific antidote.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: X-ray contrast media, iodinated, ATC code: V08AB02

For most of the haemodynamic, clinical-chemical and coagulation parameters examined following intravenous injection of iohexol in healthy volunteers, no significant deviation from preinjection values has been found.

The few changes observed in the laboratory parameters were minor and considered to be of no clinical importance.

### **5.2 Pharmacokinetic properties**

Close to 100 per cent of the intravenously injected iohexol is excreted unchanged through the kidneys within 24 hours in patients with normal renal function.

The elimination half-life is approximately 2 hours in patients with normal renal function.

No metabolites have been detected.

The protein binding of Omnipaque is so low (less than 2 %) that it has no clinical relevance and can therefore be neglected.

### **5.3. Pre-clinical Safety Data**

Iohexol has a very low acute intravenous toxicity in mice and rats. Animal studies have shown that iohexol has a very low protein binding and is well tolerated by the kidneys. The cardiovascular and neurotoxicity are low. The histamine release ability and the anticoagulant activity have been shown to be less than for ionic contrast media.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1. List of Excipients**

The following excipients are included:

Trometamol,

Sodium calcium edetate,

Hydrochloric acid (pH adjustment),

Water for injections.

The pH of the product is 6.8 - 7.6.

### **6.2 Incompatibilities**

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. A separate syringe should be used.

### **6.3. Shelf-Life**

The expiry date of the product is indicated on the packaging materials

### **6.4. Special Precautions for Storage**

OMNIPAQUE should be stored up to 30°C protected from light.

Vials are intended for single use any unused portions must be discarded.

### **6.5 Nature and content of container**

#### Glass vials and bottles:

The product is filled in injection vials (20 ml) and infusion bottles (50, 100, 200 ml). Both containers are made of colourless highly resistant borosilicate glass (Ph. Eur. Type I), closed with chlorobutyl rubber or bromobutyl stoppers (Ph. Eur. Type I), and sealed with combined "flip off seal/tear off seal - flat plast disc".

#### Polypropylene bottles:

The product is filled in polypropylene bottles. The bottles of 50, 100, 200 and 500 ml are closed with chlorobutyl or bromobutyl stoppers (Ph.Eur.Type I), and supplied with a plastic screw cap, which is provided with a tamper proof ring.

Presentations:

**Glass vials/bottles:**

240 mg l/ml: 6 vials of 20 ml  
25 vials of 20 ml  
10 bottles of 50 ml  
10 bottles of 100 ml  
6 bottles of 200 ml

300 mg l/ml: 6 vials of 20 ml  
25 vials of 20 ml  
10 bottles of 50 ml  
10 bottles of 100 ml  
6 bottles of 200 ml

350 mg l/ml: 6 vials of 20 ml  
25 vials of 20 ml  
10 bottles of 50 ml  
10 bottles of 100 ml  
6 bottles of 200 ml

**Polypropylene bottles:**

300 mg l/ml: 10 x 50 ml  
10 x 100 ml  
10 x 200 ml  
6 x 500 ml

350 mg l/ml: 10 x 50 ml  
10 x 100 ml  
10 x 200 ml  
6 x 500 ml

## 6.6 Special precautions for disposal and other handling

Like all parenteral products, Omnipaque should be inspected visually for particulate matter, discolouration and the integrity of the container prior to use.

Omnipaque may be warmed to body temperature (37° C) before administration. Any unused product or waste material should be disposed of in accordance with local requirements.

### Glass vials/bottles and polypropylene bottles up to 200 ml

The product should be drawn into the syringe immediately before use. Vials are intended for single use only; any unused portions must be discarded.

### Polypropylene bottles of 500 ml

- The 500 ml contrast medium bottles should only be used in connection with auto injectors/pumps approved for this volume.
- A single piercing procedure should be used.
- Remove the plastic screw cap by tearing off the pull ring.

- After cleaning the stopper with a pad soaked in sporicidal solution followed by a pad soaked in alcohol, puncture the stopper with the needle.
- The line running from the auto injector/pump to the patient must be exchanged after each patient.
- Any unused portions of the contrast medium remaining in the bottle and all connecting tubes must be discarded at the end of the day.
- Instructions from the manufacturer of the auto injector/pump must be followed.

## **7. MARKETING AUTHORISATION HOLDER**

Eldan Electronic Instrument Co. Ltd.  
Hashiloach 6  
P.O.B 7641  
Petach Tiqva 49170  
Israel

## **8. MANUFACTURER**

GE Healthcare AS  
P.O.B 4220 Nydalen  
NO-0401 Oslo  
NORWAY

## **9. MARKETING AUTHORISATION NUMBER**

Omnipaque 240: 017 09 23120  
Omnipaque 300: 017 10 23121  
Omnipaque 350: 017 11 23122

Revised in September 2023 according to MOH's guidelines.

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*Omnipaque sol for inj SPC vr 01A*