PACKAGE LEAFLET

Package leaflet: Information for the patient

SOLDESANIL® 4 mg/1 ML AMP solution for injection

Dexamethasone (as Dexamethasone sodium phosphate)

Read all of this leaflet carefully before you start taking 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 or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What is SOLDESANIL and what it is used for

SOLDESANIL solution for injection (dexamethasone sodium phosphate) is a very effective and of multiple use corticosteroid, which is provided as a solution and can therefore be used for intravenous and intra-muscular, as well as intra-articular or intra-bursal administration.

Indications:

A. By intravenous or intramuscular injection (when oral therapy is not feasible) in the following cases:

1. Adrenocortical insufficiency, congenital adrenocortical insufficiency
2. Preoperatively and post-operatively support.
3. Nonsuppurative thyroiditis.
4. Shock.
5. Rheumatic diseases.
6. Collagen diseases
7. Dermatologic diseases.
8. Allergic conditions.
9. Ophthalmic diseases.
10. Gastrointestinal diseases.
11. Respiratory diseases.
12. Hematologic disorders.
13. Neoplastic diseases.
14. Oedematous conditions.
15. Cerebral oedema.
16. Miscellaneous: meningitis tuberculous with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. Trichiniasis associated with neurologic or myocardial attack.
17. Diagnostic testing of adrenocortical hyperfunction.

B. By intra-articular or soft tissue injection:

As adjunctive therapy for short-term administration (to support the patient over an acute episode or exacerbation) in the following cases:
- Synovitis of osteoarthritis.
- Rheumatoid arthritis.
- Acute and subacute bursitis.
- Acute gouty arthritis.
- Epicondylitis.
- Acute nonspecific tenosynovitis.
- Post-traumatic osteoarthritis.

C. By intralesional injection:

- Keloids.
- Localized hypertrophic, infiltrated, inflammatory lesions of: lichen planus, psoriatic plaques, granuloma annulare, and lichen simplex chronicus (neurodermatitis).
- Discoid lupus erythematosus.
- Necrobiosis lipoidica diabeticorum.
- Alopecia areata.

May also be useful in cystic tumours of an aponeurosis of tendon or ganglia.

2. What you need to know before you take SOLDESANIL

Do not take SOLDESANIL if you suffer from:

Gastroduodenal ulcer, herpes simplex, glaucoma, osteoporosis, diabetes mellitus, psychosis, immediately before and following prophylactic vaccination, heart disease or hypertension with congestive heart failure, systemic mycosis, tuberculosis, severe renal disease, infectious diseases, bleeding tendency.
Also if you are allergic to dexamethasone or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before taking SOLDESANIL.

You should inform your doctor if you experience any of the following conditions:
Symptoms of tumor lysis syndrome, such as muscle cramps, muscle weakness, confusion, loss of vision or vision disorders, and difficulty in breathing in case you are suffering from hematological malignancies.

If you receive a corticosteroid and you are in an unusual stress situation you should inform your doctor because dose increase is required.

If you suffer from active tuberculosis, you should take corticosteroids only in combination with appropriate antituberculous regimen and only in cases of fulminating or disseminated tuberculosis.

Prolonged use of corticosteroids may cause eye and vision problems. Inform your doctor if you experience any vision problems.

Contact your doctor if you have blurred vision or other visual disorders.

If you suffer from ocular herpes and receive corticosteroids, your doctor may require frequent monitoring of your cornea due to possible corneal puncture.

Corticosteroids can aggravate systemic fungal infections and should therefore not be administered when such infections occur unless needed to control drug reactions due to amphotericin B.

There is an enhanced effect of corticosteroids in patients with hypothyroidism or cirrhosis.

Administration of live virus vaccines is contraindicated in patients receiving immunosuppressive doses of corticosteroids, as expected the antibodies in the serum may not develop. However, vaccinations may be given in patients receiving corticosteroids as a substitution therapy e.g. in Addison's disease.

Corticosteroids may increase or decrease sperm motility and number in some patients.

Corticosteroids may mask some signs of infection and new infections may occur during their use.

In patients with cerebral malaria, the use of corticosteroids may cause coma prolongation and a higher incidence of pneumonia and gastrointestinal bleeding.

Before starting corticosteroid treatment, inform your doctor if you suffer from latent or active peptic ulcer, renal failure, hypertension, recent intestinal anastomosis, recent myocardial infarction, osteoporosis, myasthenia gravis or non-specific colitis, abscess or other pyogenic infection, latent or active amoebic infection.

You should not abruptly reduce your dose of corticosteroid because a sudden dose reduction may cause a "withdrawal syndrome" characterized by acute adrenocortical insufficiency with muscle weakness, hypotension, hypoglycaemia, nausea, vomiting, anxiety, muscle aches, arthralgia, fever, malaise.

You should monitor your blood pressure during corticosteroid treatment. Dietary salt restriction as well as additional potassium and calcium administration may be required.

Inform your doctor if you experience any allergic reactions.

Intra-articular corticosteroid infusion can cause both systemic and local reactions such as significant pain increase accompanied by local swelling, further limiting joint mobility, fever and malignancy suggestive of septic arthritis.
Corticosteroids should not be injected in unstable joints.

Frequent intra-articular injection can cause damage to articular tissues. This is probably due to the overuse of these joints as long as the pain and other symptoms that would have prevented their use have been eliminated. Do not overuse these joints.

Other medicines and SOLDESANIL
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines, even those administered without a prescription.

Some medicines may increase the effects of SOLDESANIL, and your doctor may want to monitor you closely if you take those medicines (including some HIV medicines: ritonavir, cobicistat).

Acetylsalicylic acid should be used with caution with corticosteroids in hypoprothrombinemia.

Consult your doctor for concomitant use of other corticosteroid medications.

Some medicines such as phenobarbital, phenytoin, rifampicin and ephedrine decrease the activity of corticosteroids. Alcohol and non-steroidal anti-inflammatory enhance their ulcerogenic action.

Hypokalaemia is potentiated by potassium diuretics, whereas with digitalis there is a risk for digoxin toxicity (by hypokalaemia).

Corticosteroids reduce or enhance the action of coumarin anticoagulants, while during concomitant use with insulin or oral antidiabetics an increase in their dose is required.

Pregnancy and breast-feeding
Pregnancy
Since insufficient studies have been performed on the effect of corticosteroids on human reproduction, your doctor will decide on a case-by-case basis whether you will receive corticosteroids after evaluating the potential benefits of the use of this drug against the potential harmful effects for the fetus or newborn and the mother.
Infants born to mothers who received adequate doses of corticosteroids during pregnancy should be closely monitored for signs of adrenal dysfunction.

Breast-feeding
Avoid corticosteroid use during lactation. If you are breast-feeding, tell your doctor before treatment with corticosteroids because corticosteroids pass into breast milk and there is a risk that the baby will be inhibited when the mother receives corticosteroids.

Driving and using machines
Special permission should be given when handling vehicles and machines due to the likelihood of side effects such as muscle weakness, muscle atrophy, mood swings (euphoria, depression).

3. How to take SOLDESANIL

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Each ml of the solution for injection contains 5, 26 mg dexamethasone sodium phosphate corresponding to 4 mg dexamethasone phosphate. It can be administrated directly from the ampoule without being mixed or diluted. It can be added to a solution of: sodium chloride or dextrose. Solutions used for intravenous administration or further dilution of the product, should not contain any preservatives when are used to newborns, especially in premature babies.

When SOLDESANIL solution for injection is added to a solution for infusion, the mixture should be used within 24 hours, since the solutions for infusion do not contain preservatives. The usual guidelines for aseptic conditions for the injections should be kept.

Intravenous and intramuscular administration
The usual initial dosage should vary from 0.5 to 20 mg a day depending on the specific disease being treated. The parenteral dosage usually ranges from the one-third to one-half of the oral dosage, and it is administered within 12 hours. However, in some immediately emergent cases, acute, life threatening situations, the administration of higher doses or multiple of the usual oral administered doses is justified. In these conditions the lower percentage of absorption during the intramuscular administration should be taken into account.

The necessary doses differ and should be individualized according to the disease being treated and the patient’s response. If the drug is to be stopped, while it has been administered for some days, it is recommended to be withdrawn gradually and not abruptly.

In cases of emergency, the usual dosage is 1 ml-5 ml (4 mg-20 mg) by intravenous or intramuscular administration (in cases of shock it is administered only intravenously).

This dosage can be repeated until adequate response is achieved.

After an initial improvement, the doses of 0.5 ml – 1 ml (2 mg – 4 mg) should be repeated as needed. Usually it is not necessary to exceed the total daily dosage (80 mg) even in severe conditions.

When a maximum stable effect is intended, the dosage should be repeated at intervals of three or four hours or should be administered as an intravenous drip.

The intravenous and intramuscular administrations are recommended in acute situations. When the acute phase is over, the treatment should be replaced by the oral administration as soon as possible.

Shock (from hemorrhagic, traumatic or surgical cause)
The usual dosage is 2 to 6 mg/kg of body weight as a single intravenous administration. This can be repeated in 2-6 hours if the shock insists. Alternatively, 2-6 mg/kg of body weight are given as a single intravenous administration and following this the dose is given as a drip infusion. The injection treatment supplements and does not replaces the conventional treatment.

Administration of high doses in primary or metastatic brain tumor, neurosurgical operations, craniocerebral injuries, pseudotumor cerebri or pre-surgical preparation of patients with increased intracranial pressure secondary due to the brain tumor.
Initially 10 mg (2,5 ml) SOLDESANIL solution for injection intravenously and afterwards 4 mg (1 ml) intramuscularly every 6 hours until the symptoms of cerebral oedema subside. Improvement is usually noticed within 12 to 24 hours.

The dosage may be reduced after 2-4 days and gradually discontinued over a period of the following 5 to 7 days. High doses of injection are recommended for the initial short-term intensive treatment in acute, life-threatening cerebral oedema.

After the high dosage regimen of the first day of treatment, the dose is gradually reduced after the period of 7-10 days of intensive treatment until discontinuation within 7-10 days. When maintenance treatment is required, this should be switched to oral administration as soon as possible.

Recommended high dosage regimen in cerebral oedema

Adults

Initial dose	50 mg	I.V.
1st day	8 mg	I.V. every 2 hours
2nd day	8 mg	I.V. every 2 hours
3rd day	8 mg	I.V. every 2 hours
4th day	4 mg	I.V. every 2 hours
5th – 8th day	4 mg	I.V. every 4 hours

Afterwards it is daily reduced by 4 mg.

Children (over 35 kg)

Initial dose	25 mg	I.V.
1st day	4 mg	I.V. every 2 hours
2nd day	4 mg	I.V. every 2 hours
3rd day	4 mg	I.V every 2 hours
4th day	4 mg	I.V. every 4 hours

5th – 8th day	4 mg	I.V. every 6 hours

Afterwards it is daily reduced by 2 mg.

Children (under 35 kg)

Initial dose	20 mg	I.V.
1st day	4 mg	I.V. every 3 hours
2nd day	4 mg	I.V. every 3 hours
3rd day	4 mg	I.V. every 3 hours
4th day	4 mg	I.V. every 6 hours
5th – 8th day	2 mg	I.V. every 6 hours

Afterwards it is daily reduced by 1 mg.

For palliative treatment of patients with recurrent or inoperable brain tumors

Maintenance treatment should be individualized. Dosage of 2 mg 2 or 3 times a day may be effective.

Patients with acute stroke (excluding cerebral hemorrhage)
Initially 10 mg (2,5 ml) of injection are administered intravenously followed by 4 mg (1 ml) intramuscularly every 6 hours for 10 days. The doses should be gradually reduced until discontinuation of the drug at the following 7 days. The lowest necessary dosage should be used for the control of cerebral oedema.

Intra-Articular, intralesional and soft tissue injection
Intra-articular, intralesional and soft tissue injections are generally used when the affected joints are limited to one or two sites.

The following single doses are recommended

Site of injection	Injection solution volume	Amount of dexamethasone phosphate (mg)
Large joints e.g. knees	0.5-1	2-4
Small joints e.g. interphalangeal	0.5-1	2-3
Bursae	0.5-0.75	2-3
Tendon sheaths	0.1-0.25	0.4-1
Soft tissue infiltration	0.5-1.5	2-6
Ganglia	0.25-0.5	1-2

The frequency of the injections varies depending on the response in the treatment from 3-5 days until 2 to 3 weeks.

If you take more SOLDESANIL than you should
In case of overdosage inform your doctor immediately.

Reports of acute toxicity and / or death following glucocorticoid overdose are rare. In case of overdose, there is no specific antidote and the treatment should be supportive and symptomatic

Poison Information Center Athens: (210) 7793777

If you forget to take SOLDESANIL
Do not take a double dose to make up for a forgotten dose. Just continue your regular dosing schedule and take the next dose when planned.

4. Possible side effects

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

The adverse reactions from corticosteroids are:

Fluid and electrolyte disturbances
Sodium retention
Fluid retention
Congestive heart failure in susceptible patients
Potassium loss
Hypokalemic alkalosis
Hypertension

Musculoskeletal
Muscle weakness
Steroid myopathy
Loss of muscle mass
Osteoporosis
Vertebral compression fractures
Aseptic necrosis of femoral and humeral heads
Pathologic fracture of long bones

Gastrointestinal
Peptic ulcer and possible perforation and hemorrhage
Pancreatitis
Abdominal distention
Ulcerative esophagitis

Dermatologic
Impaired wound healing
Thinning and increase of fragile skin
Petechiae and ecchymoses
Erythema
Increased sweating
Possible suppress reactions to skin tests
Burning and tingling feeling, especially in the peritoneal area (following intravenous injection).
Other skin reactions, such as allergic dermatitis, urticaria, angioneurotic edema.

Neurologic
Convulsions
Increased intracranial pressure with papilledema (pseudotumor cerebri) usually after treatment
Vertigo
Headache
Psychotic manifestations

Endocrine
Menstrual irregularities
Development of Cushing syndrome
Suppression of growth in children

Secondary adrenocortical and pituitary deficiency, particularly in times of stress, as in trauma, surgery, or illness
Decreased carbohydrate tolerance
Manifestations of latent diabetes mellitus
Increased requirements for insulin or oral hypoglycemic agents in diabetics
Hirsutism in women of the male-pattern

Ophthalmic
Posterior cataracts
Increased intraocular pressure
Glaucoma
Exophthalmos
Vision disorders, loss of vision
Blurred vision

Metabolic
Negative nitrogen balance due to protein catabolism and negative calcium balance

Cardiovascular
Myocardial rupture following recent myocardial infarction (see PRECAUTIONS)

Several other adverse reactions
Anaphylactoid or hypersensitivity reactions
Thromboembolism
Weight gain
Increased appetite
Nausea
Malaise
Hiccups

The following additional adverse reactions are related to parenteral corticosteroid therapy: Rare instances of blindness associated with intralesional therapy around the face and head.
Increase or decrease skin pigmentation. Subcutaneous and cutaneous atrophy. Sterile abscess. Post-injection flare (following intra-articular use). Charcot-like arthropathy.

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly to EOF, National Organisation for Medicines, 284 Messogion Str., GR-15562 Cholargos, Athens, Tel. no.: + 30 21 32040380/337, Fax no: + 30 21 06549585, website: http://www.eof.gr. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store SOLDESANIL

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 outer and inner package after the "Expiry date". The expiry date refers to the last day of that month.

Do not store above 25^0C.

Do not throw away any medicines 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 SOLDESANIL contains

- The active substance is Dexamethasone (as Dexamethasone sodium phosphate)
- The other excipients are phenol, sodium citrate dihydrate, citric acid anhydrous, water for injection.

What SOLDESANIL looks like and contents of the pack

Solution for injection
Pack containing 1 ampoules of 1 ml.

Marketing Authorisation Holder and Manufacturer

Marketing Authorisation Holder
DIAPIT
6 Ag. Konstantinou Str.,Athens
Tel. no. : 210 5232053, fax no. : 210 5248850

Manufacturer
Laboratorio Farmacologico Milanese s.r.l.
Caronno P. (VA) - ITALY

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