

# NEW ZEALAND DATA SHEET

## 1. PRODUCT NAME

Noradrenaline Medsurge 1:1000 Concentrate for injection

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 1 mL ampoule contains noradrenaline (norepinephrine) 1 mg in 1 mL (1:1000), present as 2 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 1 mL.

Each 2 mL ampoule contains noradrenaline (norepinephrine) 2 mg in 2 mL (1:1000), present as 4 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 2 mL.

Each 4 mL ampoule contains noradrenaline (norepinephrine) 4 mg in 4 mL (1:1000), present as 8 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 4 mL.

Each 5 mL ampoule contains noradrenaline (norepinephrine) 5 mg in 5 mL (1:1000), present as 10 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 5 mL.

Each 8 mL ampoule contains noradrenaline (norepinephrine) 8 mg in 8 mL (1:1000), present as 16 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 8 mL.

Each 10 mL ampoule contains noradrenaline (norepinephrine) 10 mg in 10 mL (1:1000), present as 20 mg of noradrenaline (norepinephrine) acid tartrate monohydrate in 10 mL.

### Excipient(s) with known effects:

- Sodium chloride

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Noradrenaline Medsurge 1:1000 is a sterile colourless (or practically colourless), concentrated solution for injection. It has a pH of 3.0 to 4.5.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

For the restoration of blood pressure in certain acute hypotensive states (e.g. phaeochromocytectomy, sympathectomy, poliomyelitis, spinal anaesthesia, myocardial infarction, septicaemia, blood transfusion, and drug reactions).

As an adjunct in the treatment of cardiac arrest. To restore and maintain an adequate blood pressure after an effective heartbeat and ventilation have been established by other means.

### 4.2 Dose and method of administration

Noradrenaline Medsurge concentrate for injection 1:1000 contains noradrenaline (norepinephrine) as the acid tartrate. It is a concentrated, potent injection which must be diluted

in dextrose containing solutions prior to infusion. An infusion of noradrenaline (norepinephrine) should be given into a large vein (see Section 4.4).

Noradrenaline Medsurge concentrate for injection 1:1000 contains no antimicrobial preservative. It is for single use in one patient only. Discard any residue.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to use, whenever solution and container permit.

Discoloured solutions or those containing a precipitate should not be used.

Avoid contact with iron salts, alkalis, or oxidising agents.

To reduce microbiological hazard, use as soon as practicable after preparation. If storage is necessary, hold at 2 to 8°C for not more than 24 hours.

### ***Restoration of Blood Pressure in Acute Hypotensive States***

Blood volume depletion should always be corrected as fully as possible before any vasopressor is administered. When, as an emergency measure, intra-aortic pressures must be maintained to prevent cerebral or coronary artery ischaemia, noradrenaline (norepinephrine) can be administered before and concurrently with blood volume replacement.

### **Diluent**

Noradrenaline Medsurge concentrate for injection 1:1000 should be diluted in five percent (5%) dextrose injection or five percent (5%) dextrose and sodium chloride injections. These dextrose containing fluids provide protection against significant loss of potency due to oxidation. Administration in saline solution alone is not recommended. Whole blood or plasma, if indicated to increase blood volume, should be administered separately (for example, by use of a Y-tube and individual containers if given simultaneously).

### **Average Dosage**

Ampoules: Add two, 2 mL ampoules (4mL) of Noradrenaline concentrate for injection 1:1000 (4 mg of noradrenaline) to 1,000 mL of a 5% dextrose containing solution or add one, 4 mL ampoule of Noradrenaline concentrate for injection 1:1000 (4 mg of noradrenaline) to 1,000 mL of a 5% dextrose containing solution or add one, 5 mL ampoule of Noradrenaline concentrate for injection 1:1000 (5 mg of noradrenaline) to 1,250 mL of a 5% dextrose containing solution or add one, 8 mL ampoule of Noradrenaline concentrate for injection 1:1000 (8 mg of noradrenaline) to 2,000 mL of a 5% dextrose containing solution or add one, 10 mL ampoule of Noradrenaline concentrate for injection 1:1000 (10 mg of noradrenaline) to 2,500 mL of a 5% dextrose containing solution.

Each 1 mL of this dilution contains 4 micrograms of the base of noradrenaline (norepinephrine) (or 8 micrograms of the acid tartrate). Give this solution by intravenous infusion. Insert a plastic intravenous catheter through a suitable bore needle well advanced centrally into the vein and securely fixed with adhesive tape, avoiding, if possible, a catheter tie-in technique as this promotes stasis. An I.V. drip chamber or other suitable metering device is essential to permit an accurate estimation of the rate of flow in drops per minute.

After observing the response to an initial dose of 2 mL to 3 mL (from 8 micrograms to 12 micrograms of base) per minute, adjust the rate of flow to establish and maintain a low normal blood pressure (usually 80 mmHg to 100 mmHg systolic) sufficient to maintain the circulation to vital organs. In previously hypertensive patients, it is recommended that the blood

pressure should be raised no higher than 40 mmHg below the pre-existing systolic pressure. The average maintenance dose ranges from 0.5 mL to 1 mL per minute (from 2 micrograms to 4 micrograms of base).

### **High Dosage**

Great individual variation occurs in the dose required to attain and maintain an adequate blood pressure. In all cases, dosage of noradrenaline (norepinephrine) should be titrated according to the response of the patient. Occasionally much larger or even enormous daily doses (as high as 68 mg base) may be necessary if the patient remains hypotensive, but occult blood volume depletion should always be suspected and corrected when present. Central venous pressure monitoring is usually helpful in detecting and treating this situation.

### **Fluid Intake**

The degree of dilution depends on clinical fluid volume requirements. If large volumes of fluid (dextrose) are needed at a flow rate that would involve an excessive dose of the pressor agent per unit of time, a solution more dilute than 4 micrograms per mL should be used. On the other hand, when large volumes of fluid are clinically undesirable, a concentration greater than 4 micrograms per mL may be necessary.

### **Duration of Therapy**

The infusion should be continued until adequate blood pressure and tissue perfusion are maintained without therapy. Infusions of noradrenaline (norepinephrine) should be reduced gradually, avoiding abrupt withdrawal. In some of the reported cases of vascular collapse due to acute myocardial infarction, treatment was required for up to six days.

### ***Adjunctive Treatment in Cardiac Arrest***

Infusions of noradrenaline (norepinephrine) are usually administered intravenously during cardiac resuscitation to restore and maintain an adequate blood pressure after an effective heartbeat and ventilation have been established by other means. Noradrenaline's (norepinephrine's) beta-adrenergic stimulating action is also thought to increase the strength and effectiveness of systolic contractions once they occur.

### **Average Dosage**

To maintain systemic blood pressure during the management of cardiac arrest, noradrenaline (norepinephrine) is used in the same manner as described under Restoration of Blood Pressure in Acute Hypotensive States.

### ***Use in the elderly***

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other therapy.

Noradrenaline (norepinephrine) infusions should not be administered into the veins in the leg in elderly patients (see Section 4.4, Site of Infusion).

### ***Paediatric population***

Safety and effectiveness in paediatric patients has not been established.

### 4.3 Contraindications

Noradrenaline (norepinephrine) should not be given to patients who are hypotensive from blood volume deficits except as an emergency measure to maintain coronary and cerebral artery perfusion until blood volume replacement therapy can be completed. If noradrenaline (norepinephrine) is continuously administered to maintain blood pressure in the absence of blood volume replacement, the following may occur: severe peripheral and visceral vasoconstriction, decreased renal perfusion and urine output, poor systemic blood flow despite "normal" blood pressure, tissue hypoxia, and lactate acidosis.

Noradrenaline (norepinephrine) should also not be given to patients with mesenteric or peripheral vascular thrombosis (because of the risk of increasing ischaemia and extending the area of infarction) unless, in the opinion of the attending physician, the administration of noradrenaline (norepinephrine) is necessary as a life-saving procedure.

Ventricular tachycardia or fibrillation cardiac arrhythmias may result from the use of noradrenaline (norepinephrine) in patients with profound hypoxia or hypercarbia.

Hypersensitivity to noradrenaline (norepinephrine) or any of the excipients.

### 4.4 Special warnings and precautions for use

#### *Warnings*

Noradrenaline concentrate for injection 1:1000 should be used with extreme caution in patients receiving monoamine oxidase inhibitors (MAOI) or antidepressants of the triptyline or imipramine types, because severe, prolonged hypertension may result.

#### *Precautions*

##### **General**

##### **Avoid Hypertension**

Because of the potency of noradrenaline (norepinephrine) and because of varying response to pressor substances, the possibility always exists that dangerously high blood pressure may be produced with overdoses of this pressor agent. It is desirable, therefore, to record the blood pressure every two minutes from the time administration is started until the desired blood pressure is obtained, then every five minutes if administration is to be continued.

The rate of flow must be watched constantly, and the patient should never be left unattended while receiving noradrenaline (norepinephrine). Headache may be a symptom of hypertension due to overdosage.

Similar caution should be observed in patients with hypotension following myocardial infarction, in patients with Prinzmetal's variant angina, and in patients with diabetes, hypertension or hyperthyroidism.

Noradrenaline (norepinephrine) should only be administered by healthcare professionals who are familiar with its use.

##### **Hypersensitivity**

Certain patients may be hypersensitive to the effects of Noradrenaline Medsurge concentrate for injection 1:1000, e.g. patients with hyperthyroidism (see Section 4.8).

##### **Site of Infusion**

Whenever possible, infusions of noradrenaline (norepinephrine) should be given into a large vein,

particularly an antecubital vein because, when administered into this vein, the risk of necrosis of the overlying skin from prolonged vasoconstriction is apparently very slight. Some authors have indicated that the femoral vein is also an acceptable route of administration. A catheter tie-in technique should be avoided, if possible, since the obstruction to blood flow around the tubing may cause stasis and increased local concentration of noradrenaline (norepinephrine). Occlusive vascular diseases (for example, atherosclerosis, arteriosclerosis, diabetic endarteritis, Buerger's disease) are more likely to occur in the lower than in the upper extremity. Therefore, one should avoid the veins of the leg in elderly patients or in those suffering from such disorders. Gangrene has been reported in a lower extremity when infusions of noradrenaline (norepinephrine) were given in an ankle vein.

### **Extravasation**

The infusion site should be checked frequently for free flow. Care should be taken to avoid extravasation of noradrenaline (norepinephrine) into the tissues, as local necrosis might ensue due to the vasoconstrictive action of the drug. Blanching along the course of the infused vein, sometimes without obvious extravasation, has been attributed to vasa vasorum constriction with increased permeability of the vein wall, permitting some leakage. This also may progress on rare occasions to superficial slough, particularly during infusion into leg veins in elderly patients or in those suffering from obliterative vascular disease. Hence, if blanching occurs, consideration should be given to changing the infusion site at intervals to allow the effects of local vasoconstriction to subside.

### **IMPORTANT -- Antidote for Extravasation Ischaemia**

The antidote for extravasation ischaemia is phentolamine. To prevent sloughing and necrosis in areas in which extravasation has taken place, the area should be infiltrated as soon as possible with 10 mL to 15 mL of saline solution containing from 5 mg to 10 mg of phentolamine, an adrenergic blocking agent. A syringe with a fine hypodermic needle should be used, with the solution being infiltrated liberally throughout the area, which is easily identified by its cold, hard, and pallid appearance. Sympathetic blockade with phentolamine causes immediate and conspicuous local hyperaemic changes if the area is infiltrated within 12 hours. Therefore, phentolamine should be given as soon as possible after the extravasation is noted.

### **Paediatric population**

Safety and effectiveness in paediatric patients has not been established.

### ***Use in the elderly***

Clinical studies of noradrenaline (norepinephrine) did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other therapy.

Noradrenaline (norepinephrine) infusions should not be administered into the veins in the leg in elderly patients (see Section 4.4, Site of Infusion).

## **4.5 Interaction with other medicines and other forms of interaction**

Ventricular tachycardia or fibrillation cardiac arrhythmias may result from the use of noradrenaline (norepinephrine) in patients with profound hypoxia or hypercarbia.

Noradrenaline (norepinephrine) should be used with extreme caution in patients receiving

monoamine oxidase inhibitors (MAOI) or tricyclic antidepressants of the triptyline or imipramine types, because severe, prolonged hypertension may result. Linezolid, adrenergic-serotonergic drugs, or any other cardiac sensitizing agents are not recommended as severe prolonged hypertension and possible arrhythmias may result.

### **Guanethidine**

The effects of noradrenaline (norepinephrine) may be enhanced by guanethidine.

## **4.6 Fertility, pregnancy and lactation**

### **Fertility**

Studies have not been performed.

### **Pregnancy**

Category B3

Noradrenaline concentrate for injection 1:1000 should be given to a pregnant woman only if clearly needed.

Animal studies indicate noradrenaline (norepinephrine) may impair placental perfusion and induce foetal bradycardia. It may also exert a contractile effect on the pregnant uterus and lead to foetal asphyxia in late pregnancy. However, the clinical significance of these changes to a human foetus is unknown. These possible risks to the foetus should therefore be weighed against the potential benefit to the mother.

### **Lactation**

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when noradrenaline (norepinephrine) is administered to a nursing woman.

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

The effects of this medicine on a person's ability to drive and use machines were not assessed as part of its registration.

## **4.8 Undesirable effects**

The following reactions can occur:

### **Body as a Whole**

Ischaemic injury due to potent vasoconstrictor action and tissue hypoxia.

### **Cardiovascular System**

Bradycardia, probably as a reflex of a rise in blood pressure, cardiogenic shock, arrhythmias and stress cardiomyopathy.

Peripheral ischaemia, gangrene, hypertension, plasma depletion.

### **Nervous System**

Anxiety, transient headache.

## **Respiratory System**

Respiratory difficulty, dyspnoea.

## **Skin and Appendages**

Extravasation necrosis at injection site.

Prolonged administration of any potent vasopressor may result in plasma volume depletion which should be continuously corrected by appropriate fluid and electrolyte replacement therapy. If plasma volumes are not corrected, hypotension may recur when noradrenaline (norepinephrine) is discontinued, or blood pressure may be maintained at the risk of severe peripheral and visceral vasoconstriction (e.g. decreased renal perfusion) with diminution in blood flow and tissue perfusion with subsequent tissue hypoxia and lactic acidosis and possible ischaemic injury. Gangrene of extremities has been rarely reported. Bradycardia sometimes occurs, probably as a reflex result of a rise in blood pressure.

Overdoses or conventional doses in hypersensitive persons (e.g. hyperthyroid patients) cause severe hypertension with violent headache, photophobia, stabbing retrosternal pain, pallor, intense sweating, and vomiting.

## **Reporting of suspected adverse reactions**

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions <https://nzphvc.otago.ac.nz/reporting/>.

## **4.9 Overdose**

Overdosage with noradrenaline (norepinephrine) may result in headache, severe hypertension, reflex bradycardia, marked increase in peripheral resistance, and decreased cardiac output. Headache may indicate severe hypertension. Pulmonary oedema, photophobia, retrosternal pain, pallor, intense sweating and vomiting may occur. In the event of overdose, treatment with noradrenaline should be withdrawn and appropriate corrective measures initiated.

For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764766).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Noradrenaline (sometimes referred to as norepinephrine or l-arterenol/levarterenol), a sympathomimetic amine which differs from adrenaline by the absence of a methyl group on the nitrogen atom.

Noradrenaline (norepinephrine) functions as a peripheral vasoconstrictor (alpha-adrenergic action) and as an inotropic stimulator of the heart and dilator of coronary arteries (beta-adrenergic action).

These actions result in an increase in systemic blood pressure and coronary artery blood flow. In myocardial infarction accompanied by hypertension, Noradrenaline concentrate for injection 1:1000 usually increases aortic blood pressure, coronary artery blood flow, and myocardial oxygenation, thereby helping to limit the area of myocardial ischaemia and infarction. Venous

return is increased and the heart tends to resume a more normal rate and rhythm than in the hypotensive state. In hypotension that persists after correction of blood volume deficits, Noradrenaline concentrate for injection 1:1000 helps raise the blood pressure to an optimal level and establish a more adequate circulation.

## **5.2 Pharmacokinetic properties**

### **Absorption**

Orally ingested noradrenaline (norepinephrine) is destroyed in the GI tract, and the drug is poorly absorbed after subcutaneous injection. After IV administration, a pressor response occurs rapidly. The drug has a short duration of action, and the pressor action stops within 1-2 minutes after the infusion is discontinued.

### **Distribution**

Noradrenaline (norepinephrine) localises mainly in sympathetic nervous tissue. The drug crosses the placenta but not the blood-brain barrier.

### **Biotransformation**

The pharmacologic actions of noradrenaline (norepinephrine) are terminated primarily by uptake and metabolism in sympathetic nerve endings. The drug is metabolised in the liver and other tissues by a combination of reactions involving the enzymes catechol-O-methyltransferase (COMT) and monoamine oxidase (MAO). The major metabolites are normetanephrine and 3-methoxy-4-hydroxy mandelic acid (vanillylmandelic acid, VMA), both of which are inactive. Other inactive metabolites include 3-methoxy-4-hydroxyphenylglycol, 3,4-dihydroxymandelic acid, and 3,4-dihydroxyphenylglycol.

### **Elimination**

Noradrenaline (norepinephrine) metabolites are excreted in urine primarily as the sulfate conjugates and, to a lesser extent, as the glucuronide conjugates. Only small quantities of noradrenaline (norepinephrine) are excreted unchanged.

## **5.3 Preclinical safety data**

### **Genotoxicity**

Studies have not been performed.

### **Carcinogenicity**

Studies have not been performed.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Sodium chloride

Hydrochloric acid

Water for injections

## 6.2 Incompatibilities

Noradrenaline Medsurge concentrate for injection 1:1000 infusion solutions should not be mixed with other medicines. Infusion solutions containing noradrenaline (norepinephrine) acid tartrate have been reported to be incompatible with iron salts, alkalis and oxidising agents, barbiturates, chlorpheniramine, chlorothiazide, nitrofurantoin, phenytoin, sodium bicarbonate, sodium iodide, streptomycin, sulfadiazine and sulfafurazole.

## 6.3 Shelf life

24 months

## 6.4 Special precautions for storage

Store below 25°C. Do not freeze. Protect from light.

Keep out of reach of children.

## 6.5 Nature and contents of container

Noradrenaline concentrate for injection 1:1000 is available as a single use glass ampoule (1 mg/1 ml, 2 mg/2mL, 4 mg/4 mL, 5 mg/5 mL, 8 mg/8 mL and 10 mg/10 mL). It is supplied in packs of 10 ampoule per carton.

Not all pack size and presentations are marketed.

The product is for single use in one patient only. Discard any residue.

## 6.6 Special precautions for disposal

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

## 7. MEDICINE SCHEDULE

Prescription Medicine

## 8. SPONSOR

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## 9. DATE OF FIRST APPROVAL

02 October 2023

## 10. DATE OF REVISION OF THE TEXT

18 December 2025

### Summary table of changes

Section changed	Summary of new information
6.1	Minor editorial changes in the list of excipients “deletion of sodium metabisulfite and inclusion of hydrochloric acid inline to labelling documents.