

# NEW ZEALAND DATA SHEET

## 1 PRODUCT NAME

Verdye 25 mg, Powder for Solution for Injection

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vial contains 25 mg indocyanine green (to be reconstituted with 5 ml of water for injections)

1 ml of the reconstituted solution for injection contains 5 mg indocyanine green.

For the full list of excipients, see Section 6.1

## 3 PHARMACEUTICAL FORM

Powder for Solution for Injection

Dark-green powder

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic indications

This medicinal product is for diagnostic use only.

#### Diagnostic indications

- **Cardiac, circulatory and micro-circulatory diagnostics:**
  - measurement of cardiac output and stroke volume
  - measurement of circulating blood volumes
  - measurement of cerebral perfusion
- **Liver function diagnostics:**
  - measurement of liver blood flow
  - measurement of excretory function of the liver
- **Ophthalmic angiography diagnostics:**
  - measurement of perfusion of the choroid

### 4.2 Dose and method of administration

#### Method of administration

Before administration the powder must be reconstituted with water for injection. For instructions on reconstitution of the medicinal product, see section 6.6.

Diagnostic procedures with Verdye should be performed under the supervision of a physician.

Verdye is intended for intravenous injection via an injection needle, a central or peripheral catheter or cardiac catheter.

The administration and site of Verdye are of critical importance for the quality of the measurements. In principle, for obtaining optimal quality first pass indicator dilution curves, the injection should be as close as possible to the vascular bed, organ or tissue of interest.

On peripheral injection the injection should be made immediately after application of tourniquet and the arm should be raised after release of tourniquet. This ensures rapid transport of the dye from the site of injection and peripheral injection is then

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practically equivalent to central venous injection.

## Dosage

Single dose per measurement in adults, elderly, children:

**Cardiac, circulatory, micro-circulatory and tissue perfusion diagnostics** as well as **cerebral blood flow**: 0.1 to 0.3 mg/kg body weight as bolus injection

**Liver function diagnostics**: 0.25 – 0.5 mg/kg body weight as bolus injection

**Ophthalmic angiography**: 0.1 to 0.3 mg/kg body weight as bolus injection

Total daily dose:

**Adults, elderly, adolescents 11-18 years:**

The total daily dose of Verdyne should be kept below 5 mg/kg body weight.

**Children 2 – 11 years:**

The total daily dose should be kept below 2.5 mg/kg body weight.

**Children 0 - 2 years:**

The total daily dose should be kept below 1.25 mg/kg body weight.

## Methods of measurement

The optical absorption and emission maximum of indocyanine green are both in the near infrared range, the optical absorption maximum at 800 nm and the emission maximum for fluorescence measurement at 830 nm.

In *in-vitro*-tests indocyanine green remains stable in human serum for several days.

Dissolved in water, indocyanine green shows no detectable decomposition at least for a few hours.

## Measurement of cardiac, circulatory, and cerebral blood flow and liver function

Areas under the first pass curve, transit time, half-life, plasma disappearance rate and retention rate of Verdyne can be determined.

- non-invasively by pulse dye densitometry or near infrared spectroscopy
- invasively by fiberoptic probes/catheters in suitable vessels
- conventionally by determination of the concentration either by continuous withdrawal of heparinised blood through a cuvette densitometer or by collection of blood samples and measurement of the plasma concentration in a photometer.

## Evaluation of fundus perfusion in ophthalmic angiography

The perfusion of the fundus of the eye can be determined and quantified by ophthalmic fluorescence angiography.

## Measurement of tissue perfusion

Tissue perfusion of the superficial tissue layers can be made visible and quantified by near infrared fluorescence video angiography.

## 4.3 Contraindications

Verdyne is contraindicated for safety reasons in:

- patients with hypersensitivity to indocyanine green or to sodium iodide unless special precautions are taken,
- patients with hypersensitivity to iodine

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- patients with hyper-thyroidism, patients with autonomic thyroid adenomas
- as *in-vitro* experiments have shown that indocyanine green displaces bilirubin from its protein binding, Verdye should not be used in premature infants or neonates in whom an exchange transfusion is indicated due to of hyperbilirubinemia,
- if injection of Verdye was poorly tolerated in the past it must not be used again, since severe anaphylactic reactions might occur.

### 4.4 Special warnings and precautions for use

- Since severe anaphylactic reactions might occur after application of Verdye, it must only be applied under supervision of a physician.
- Due to an increased incidence of adverse reactions in patients with severe renal insufficiency, Verdye must only be applied after a careful benefit/ risk assessment.
- Heparin preparations containing sodium bisulphite reduce the optical absorption peak of indocyanine green in plasma and blood and, therefore, should not be used as an anticoagulant for the collection of samples for analysis.
- Indocyanine green is stable in plasma and whole blood so that samples obtained in discontinuous sampling techniques may be read hours later. Sterile techniques have to be used in handling the dye solution.

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

Regarding incompatibilities with solvents for dilution see section 6.2.

The clearance of indocyanine green may be altered by medicinal products that interfere with liver function.

Probenecid and some of its metabolites may be secreted into the bile, and may depress the biliary secretion of indocyanine green which may result in an impaired indocyanine green liver function test.

Concomitant use of certain medicinal products and injectables can alter the optical absorption. The optical absorption is reduced by injectables containing sodium bisulphite (particularly in combination with heparin). The following gives an overview of interaction with other medicinal products:

Medicinal products and substances that can reduce optical absorption:

- anticonvulsants
- bisulphite compounds
- haloperidol
- heroin
- pethidine
- metamizole
- methadone
- morphine
- nitrofurantoin
- opium alkaloids
- phenobarbital
- phenylbutazone
- nifedipine

Medicinal products and substances that can increase optical absorption:

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- cyclopropane
- probenecid
- rifamycin
- enalapril (and other ACE inhibitors)
- propranolol

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

#### **Pregnancy**

Data on a limited number (242) of exposed pregnancies indicate no adverse effects of Indocyanine green on pregnancy or on the health of the foetus/newborn child. To date, no other relevant epidemiological data are available. No studies for reproduction, teratogenicity, or carcinogenic properties in animals are available. The potential risk for humans is unknown.

Caution should be exercised when prescribing to pregnant women. Repeated applications on one day have to be avoided.

#### **Lactation**

It is not known whether this medicinal product is excreted in human milk. Because many medicinal products are excreted in human milk, caution should be exercised when indocyanine green is administered to a nursing woman.

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

No studies on the effects on the ability to drive and use machines have been performed.

### **4.8 Undesirable effects**

Anaphylactic or urticarial reactions have been reported in patients with or without history of allergy to iodides.

Also in very rare cases coronary artery spasm has been described.

It is known that injection of indocyanine green preparations can in very rare cases cause nausea and anaphylactoid or anaphylactic reactions (<1/10000). In patients with terminal renal insufficiency the possibility that an anaphylactic reaction occurs seems to be increased. Symptoms which should be mentioned are: unrest, feeling of warmth, pruritus, urticaria, acceleration of heart rate, fall in blood pressure and shortness of breath, bronchospasm, flush, cardiac arrest, laryngospasm, facial oedema, nausea. Together with the anaphylactoid reaction, hypereosinophilia may occur.

If, contrary to expectations, symptoms of anaphylaxis do occur, the following immediate measures should be taken:

- stop further administration of Verdye leave injection catheter or cannula in the vein
- keep airways free
- inject 100-300 mg hydrocortisone or a similar preparation by rapid intravenous injection
- substitute volume with isotonic electrolyte solution
- give oxygen, monitor circulation
- slowly administer antihistamines intravenously

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The following additional measures are indicated in cases of anaphylactic shock:

- place patient in recumbent position with legs raised
- rapidly substitute volume with e.g. isotonic electrolyte solution (pressure infusion), plasma expanders.
- immediately administer 0.1–0.5 mg adrenaline (epinephrine) diluted to 10 ml with 0.9 % saline intravenously (repeat after 10 minutes if necessary).

Urticarial reactions of the skin occurred very rarely (<1/10000).

## 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://pophealth.my.site.com/carmreportnz/s/>

## 4.9 Overdose

Up to now no case of medicinal product overdose or laboratory findings accompanying overdose of Verdye has been reported.

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

Pharmacotherapeutic group: Other diagnostic agents

ATC code: V04CX 01

The active substance in Verdye is 2-{7-[1,1-dimethyl-3-(4-sulfobutyl)-benz[e]indolin-2-ylidene]-1,3,5-heptatrienyl}-1,1-dimethyl-3-(sulfobutyl)-1*H*-benz[e]-indolium hydroxide, inner salt, sodium salt).

The molecular formula is C<sub>43</sub>H<sub>47</sub>N<sub>2</sub>NaO<sub>6</sub>S<sub>2</sub>. The molecular weight is 774.96 daltons.

Indocyanine green has a sharply defined spectral peak absorption of near-infrared light at 800 nm in blood plasma or blood. This is the same wavelength at which the optical density of oxygenated haemoglobin in blood approximately equals that of reduced haemoglobin. Therefore, this coincidental light absorption makes it possible to measure indocyanine green concentrations in blood, plasma and serum in terms of its optical density at 800 nm, independent of variations in oxygen saturation level.

Indocyanine green permits recording of the indicator-dilution curves for both diagnostic and research purposes.

Indocyanine green exhibits no pharmacological effects when administered intravenously.

### 5.2 Pharmacokinetic properties

#### Distribution

After intravenous injection indocyanine green undergoes no significant extrahepatic or enterohepatic circulation; simultaneous arterial and venous blood estimations have shown negligible renal, peripheral, or lung uptake of the dye. In healthy volunteers

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indocyanine green cannot be detected in either urine or cerebrospinal fluid. Indocyanine green does not cross the placental barrier. The volume of distribution corresponds to the blood volume. After oral or rectal administration indocyanine green is not absorbed from the gut.

### **Protein-binding**

Following intravenous injection, indocyanine green is rapidly bound to plasma proteins, of which beta-apolipoprotein B is the principle carrier (95 %).

### **Metabolism**

Indocyanine green is not metabolised.

### **Elimination**

Plasma disappearance is biphasic, showing an initial elimination half-life  $t_{1/2}$  of 3-4 min and a secondary phase with a dose-dependent  $t_{1/2}$  of approximately 60-80 min. Indocyanine green is taken up from the plasma almost exclusively by the hepatic parenchymal cells with a maximum rate of uptake (transport maximum:  $T_m$  of about 0.1 mg/minute/kg) and is secreted unmetabolized and unconjugated entirely into the bile. The concentration maximum in bile is reached after about 1/2–2 hours depending on the amount injected.

After biliary obstruction, the dye appears in the hepatic lymph, independently of the bile, suggesting that the biliary mucosa is sufficiently intact to prevent diffusion of the dye, though allowing diffusion of bilirubin.

As indocyanine green is not reabsorbed in the intestine there is no enterohepatic circulation

### **5.3 Preclinical safety data**

Acute toxicity: the  $LD_{50}$  after single IV dose was 87 mg/kg in rats, 60 mg/kg in mice, and between 50 mg/kg and 80 mg/kg in rabbits. After dissolution in water for injections and administration by intraperitoneal injection in mice the  $LD_{50}$  was found to be 650 mg/kg body weight. No macroscopic or histopathological changes were observed. Genetic toxicity: indocyanine green was not found to be mutagenic in the tests performed (Ames test, gene mutation assay - thymidin kinase locus/TK $_{+/-}$  - in mouse lymphoma L5178Y cells, chromosome aberration test in Chinese hamster V79 cells). No studies for reproduction, teratogenicity, or carcinogenic properties in animals are available but decades of experience in humans have not revealed any incidence of these properties.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

None

### **6.2 Incompatibilities**

This medicinal product must not be diluted with solutions containing salts (saline, Ringer's solution etc.) as this can lead to precipitation of the dye. This medicinal product must not be mixed with other medicinal products except those mentioned in 6.6.

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## 6.3 Shelf life

5 years.

After reconstitution, the solution should be used immediately, protected from light.

## 6.4 Special precautions for storage

Do not store above 30 °C.

Keep the vials in the outer carton in order to protect from light.

For storage conditions after reconstitution of the medicinal product, see section 6.3.

Once the solution for injection is prepared, it must be protected from light and used immediately.

Only use solution if free from visible particles.

## 6.5 Nature and contents of container

Container: amber glass vial (type I)

Closure: rubber stopper (bromobutyl, grey) fixed by an aluminium cap covered by a polypropylene cap

5 vials, each with a content of 25 mg powder for solution for injection

## 6.6 Special precautions for disposal and other handling

This medicinal product should be reconstituted immediately prior to use.

This medicinal product is reconstituted by addition of 5 ml water for injections to the vial containing 25 mg of active substance, giving a dark-green solution for injection with a concentration of 5 mg/ml (0.5 % w/v).

If an incompatibility is noted in the form of unclear solution then the reconstituted solution should be discarded.

Visually inspect the reconstituted solution. Only use clear solutions free from visible particles.

This medicinal product is for single use only.

## 7 MEDICINE SCHEDULE

Prescription Medicine

## 8 SPONSOR

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# NEW ZEALAND DATA SHEET

## 9 DATE OF FIRST APPROVAL

9 Nov 2023

## 10 DATE OF REVISION OF THE TEXT

Jul 2025

## SUMMARY TABLE OF CHANGES

Section changed	Summary of new information
4.8	Update to weblink for reporting of adverse events
6.5	Removal of colour of polypropylene cap