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### **Package leaflet: Information for the user**

## **Diprivan 1% w/v Emulsion for Injection or Infusion, Pre-filled Syringe** propofol

**Read all of this leaflet carefully before you start having 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 nurse.
- If you get any side effects, talk to your doctor or nurse. This includes any side effects not listed in this leaflet. See section 4.

### **What is in this leaflet**

1. What Diprivan is and what it is used for
2. What you need to know before you use Diprivan
3. How to use Diprivan
4. Possible side effects
5. How to store Diprivan
6. Contents of the pack and other information

### **1. What Diprivan is and what it is used for**

Diprivan contains a medicine called propofol. This belongs to a group of medicines called ‘general anaesthetics’. General anaesthetics are used to cause unconsciousness (sleep) so that surgical operations or other procedures can be performed. They can also be used to sedate you (so that you are sleepy but not completely asleep).

Diprivan will be given to you as an injection by a doctor.

In adults and children over 1 month of age it is used to:

- Help put you to sleep **before** an operation or other procedure.
- Keep you asleep **during** an operation or other procedure.
- Sedate you during diagnostic and surgical procedures, alone or in combination with local or regional anaesthesia.

In people over 16 years of age it is also used to:

- Sedate you when receiving artificial respiration in an Intensive Care Unit (ICU).

### **2. What you need to know before you use Diprivan**

#### **Do not use Diprivan:**

- If you are allergic to propofol or any of the other ingredients of this medicine (listed in section 6).
- If you are allergic to peanut or soya. This is because Diprivan contains soya oil.
- If you are 16 years of age or younger for sedation in intensive care.

If any of the above apply to you, do not have Diprivan and tell your doctor, anaesthetist or nurse. If you are not sure, talk to one of these people before having Diprivan.

## **Warnings and precautions**

The use of Diprivan is not recommended in newborn infants.

Talk to your doctor, anaesthetist or nurse before using Diprivan

- If you have ever had a fit or convulsion.
- If you have ever been told that you have very high levels of fat in your blood.
- If you have ever been told that your body has problems using fat.
- If your body has lost lots of water (you are dehydrated).
- If you have any other health problems, such as problems with your heart, breathing, kidneys or liver.
- If you have been generally unwell for some time.
- If you have mitochondrial disease.

Studies in young animals and clinical data suggest that repeated or lengthy use of general anaesthetics or sedation drugs in children younger than 3 years or in pregnant women during their third trimester may have negative effects on the development of the child's brain. Parents and caregivers should discuss the benefits, risks, timing and length of surgery or procedures requiring anaesthetics or sedation with your doctor.

If you are not sure if any of the above apply to you, talk to your doctor or nurse before having Diprivan.

## **Other medicines and Diprivan**

Tell your doctor if you are taking, have recently taken or might take any other medicines. This includes medicines that you buy without a prescription and herbal medicines. Benzodiazepines (sedatives, anti-anxiety), opiates (painkillers) and alcohol may make you feel sleepy, especially when taken in addition to Diprivan. Opiates (painkillers) may increase the blood pressure lowering effect of Diprivan.

In particular, tell your doctor, anaesthetist or nurse if you are taking any of the following medicines:

- Rifampicin (for tuberculosis – TB).
- Midazolam (used to induce sedation (a very relaxed state of calm, drowsiness or sleep) and relieves anxiety and muscle tension).

## **Pregnancy, breast-feeding and fertility**

Do not have Diprivan if you are pregnant unless absolutely necessary.

Studies have shown that small amounts of Diprivan can pass into breast milk. Therefore, you should not breastfeed your baby for 24 hours after taking Diprivan.

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine.

## **Driving and using machines**

After having Diprivan, you may still feel sleepy for some time. Do not drive or use any tools or machines until you are sure the effects have worn off.

- If you are able to go home shortly after having Diprivan, do not drive a car or use any tools or machines.
- Ask your doctor when you can start doing these activities again and when you can go back to work.

## **Diprivan contains sodium and soya oil**

- Diprivan contains sodium. If you are on a sodium controlled diet, you will need to take this into account.
- Diprivan contains soya oil. If you are allergic to peanut or soya, do not use this medicine.

### 3. How to use Diprivan

You will be given Diprivan by a doctor. It will be given to you as an injection into a vein. This is usually in the back of your hand or in your forearm.

- The doctor will give you the injection using a needle or through a fine plastic tube called a 'cannula'.
- The doctor can also use an electric pump to control how fast the injection is given. This may be done if you are having a long operation or if you are in an Intensive Care Unit.

The dose of Diprivan varies from one patient to another. The amount of Diprivan that you need depends on your age, size, physical fitness and the level of sleepiness or sleep that you need. The doctor will give you the correct dose to start and to sustain anaesthesia or to achieve the required level of sedation, by carefully watching your responses and vital signs (pulse, blood pressure, breathing etc.).

You may need several different medicines to keep you asleep or sleepy, free from pain, breathing in a healthy way and to keep your blood pressure steady. The doctor will decide which medicines you need and when you need them.

### 4. Possible side effects

Like all medicines, Diprivan may cause side effects although not everybody gets them.

#### Side effects that can happen during anaesthesia

The following side effects can happen during anaesthesia (while the injection is being given to you or when you are sleepy or asleep). Your doctor will be looking out for these. If they happen, your doctor will give you appropriate treatment.

#### Very common (may affect more than 1 in 10 people)

- A feeling of pain at the site of the injection (while the injection is being given, before you fall asleep).

#### Common (may affect up to 1 in 10 people)

- Low blood pressure.
- Changes in your breathing pattern.
- Slow heart beat.

#### Rare (may affect up to 1 in 1,000 people)

- Twitching and shaking of your body, or a fit (may also happen when you wake up).

#### Very rare (may affect up to 1 in 10,000 people)

- Allergic reactions.
- Stopping of your heart beat.
- Unusual colour of urine (may also happen when you wake up).
- Build up of fluid in the lungs which can make you very breathless (may also happen when you wake up).

#### Not known: frequency cannot be estimated from the available data

- Shallow breathing.
- Prolonged, often painful erection (priapism).

#### Side effects that can happen after anaesthesia

The following side effects can happen after anaesthesia (when you are waking up or after you have woken up).

**Common (may affect up to 1 in 10 people)**

- Feeling sick (nausea).
- Being sick (vomiting).
- Headache.

**Uncommon (may affect up to 1 in 100 people)**

- Swelling and redness along a vein or blood clots.

**Very rare (may affect up to 1 in 10,000 people)**

- Feeling sexually aroused.
- High temperature (fever).
- Redness or soreness where the injection was given.
- Being unconscious after the operation. (When this has happened, the patients have recovered without problems.)
- Tissue damage.

**Not known: frequency cannot be estimated from the available data**

- A feeling of pain at the site of the injection.
- Swelling at the site of injection.

**Other possible side effects**

The following side effects have been seen when Diprivan is used in intensive care at higher doses than recommended.

**Very rare (may affect up to 1 in 10,000 people)**

- Heart failure.
- Inflamed pancreas (pancreatitis) which causes severe stomach pain.
- Too much acid in your blood. This may make you breathe more quickly.
- Increased amount of potassium in your blood.
- High blood level of a type of fat called lipids.
- Abnormal heart beat.
- Enlargement of the liver.
- Kidney failure.

Do not be concerned by this list of possible side effects. You may not get any of them.

**Not known: frequency cannot be estimated from the available data**

- Euphoric mood.
- Involuntary movements.
- Drug abuse and dependence on Diprivan, mostly by healthcare professionals.
- Abnormal ECG.
- Breakdown of muscle cells (rhabdomyolysis).

**Reporting of side effects**

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly (see details below). By reporting side effects you can help provide more information on the safety of this medicine.

Ireland:

HPRA Pharmacovigilance

Earlsfort Terrace

IRL - Dublin 2

Tel: +353 1 6764971

Fax: +353 1 6762517

Website: [www.hpra.ie](http://www.hpra.ie)

e-mail: [medsafety@hpra.ie](mailto:medsafety@hpra.ie)

Malta:

ADR Reporting

The Medicines Authority

Post-Licensing Directorate

203 Level 3, Rue D'Argens

GŻR-1368 Gżira

Website: [www.medicinesauthority.gov.mt/](http://www.medicinesauthority.gov.mt/)

e-mail: [postlicensing.medicinesauthority@gov.mt](mailto:postlicensing.medicinesauthority@gov.mt)

## **5. How to store Diprivan**

- The doctor and hospital pharmacist are responsible for storing, using and disposing of Diprivan correctly.
- Keep this medicine out of the sight and reach of children.
- Do not use Diprivan after the expiry date which is stated on the carton after EXP. The expiry date refers to the last day of that month.
- Do not store above 25°C. Do not freeze.

## **6. Contents of the pack and other information**

### **What Diprivan contains**

The active substance is propofol. There is 10 mg of propofol in each millilitre. There is 500 mg of propofol in each 50 ml pre-filled syringe.

The other ingredients are glycerol, purified egg phosphatide, sodium hydroxide, soya bean oil, disodium edetate and water for injections.

### **What Diprivan looks like and contents of the pack**

Diprivan is a milky, white liquid. It comes in pre-filled syringes of 50 ml.

### **Marketing Authorisation Holder and Manufacturer**

The Marketing Authorisations for Diprivan in Ireland and Malta are held by Aspen Pharma Trading Limited, 3016 Lake Drive, Citywest Business Campus, Dublin 24, Ireland

Diprivan is manufactured by

Cordon Pharma S.P.A, Viale dell'Industria 3, 20867 Caponago, Italy

AstraZeneca UK Ltd, Silk Road Business Park, Macclesfield, Cheshire, SK10 2NA, UK.

Leaflet prepared:

**Medical Information Leaflet**  
**Diprivan 1% w/v Emulsion for Injection or Infusion, Pre-filled Syringe**  
propofol

**1. Name of the Medicinal Product**

Diprivan 1% w/v Emulsion for Injection or Infusion, Pre-filled Syringe.

**2. Qualitative and Quantitative Composition**

Contains propofol 10 mg/ml.  
Each 50 ml pre-filled syringe contains 500 mg propofol.

Excipient(s) with known effect:

Contains sodium 0.0018 mmol/ml.  
Contains refined soya-bean oil 100 mg/ml.  
For the full list of excipients, see section 6.1.

**3. Pharmaceutical Form**

Emulsion for injection or infusion.  
White or almost white emulsion for injection or infusion, supplied in pre-filled syringes.

**4. Clinical Particulars**

**4.1 Therapeutic indications**

Diprivan is a short-acting intravenous general anaesthetic for:

- Induction and maintenance of general anaesthesia in adults and children over one month of age.
- Sedation for diagnostic and surgical procedures, alone or in combination with local or regional anaesthesia in adults and children over one month of age.
- Sedation of ventilated patients over 16 years of age in the intensive care unit.

Diprivan may be administered by a Diprifusor TCI system for induction and maintenance of general anaesthesia and conscious sedation for surgical and diagnostic procedures in adults only. Administration of Diprivan by a Diprifusor TCI system is not recommended for any indication in children or adolescents under 16 years old. Administration of Diprivan by a Diprifusor TCI system is not recommended for intensive care sedation.

**4.2 Posology and method of administration**

**Posology**

Supplementary analgesic agents are generally required in addition to Diprivan.

For specific guidelines relating to the administration of Diprivan using the Diprifusor Target Controlled Infusion (TCI) system, which incorporates Diprifusor TCI software, see section e. Such use is restricted to induction and maintenance of anaesthesia and conscious sedation for surgical and diagnostic procedures in adults. The Diprifusor TCI system is not recommended for use in ICU sedation, or in children or adolescents under 16 years old.

The glass pre-filled syringe (PFS) has a lower frictional resistance than plastic disposable syringes and operates more easily. Therefore, if Diprivan is administered using a hand held pre-filled syringe, the line between the syringe and the patient must not be left open if unattended.

#### **a) Adults**

##### **Induction of general anaesthesia**

Diprivan 1% may be used to induce anaesthesia by slow bolus injection or infusion.

In unpremedicated and premedicated patients, it is recommended that Diprivan should be titrated (approximately 40 mg every 10 seconds in an average healthy adult by bolus injection or infusion) against the response of the patient until the clinical signs show the onset of anaesthesia. Most adult patients aged less than about 55 years are likely to require 1.5 to 2.5 mg/kg of Diprivan. The total dose required can be reduced by lower rates of administration (20–50 mg/min). Over this age, the requirement will generally be less. In patients of ASA Grades 3 and 4, lower rates of administration should be used (approximately 20 mg every 10 seconds).

##### **Maintenance of general anaesthesia**

Anaesthesia can be maintained by administering Diprivan either by continuous infusion or by repeat bolus injections to maintain the depth of anaesthesia required.

**Continuous infusion:** Diprivan 1% may be used. The required rate of administration varies considerably between patients but rates in the region of 4 to 12 mg/kg/h usually maintain satisfactory anaesthesia.

**Repeat bolus injection:** If a technique involving repeat bolus injection is used, increments of 25 mg to 50 mg may be used according to clinical need.

##### **Sedation of ventilated patient in the intensive care unit**

For sedation during intensive care it is advised that Diprivan should be administered by continuous infusion. The infusion rate should be determined by the desired depth of sedation. In most patients sufficient sedation can be obtained with a dosage of 0.3–4 mg/kg/h of Diprivan (see section 4.4). Diprivan is not indicated for sedation in intensive care of patients of 16 years of age or younger (see section 4.3). Administration of Diprivan by Diprifusor TCI system is not advised for sedation in the intensive care unit.

##### **Conscious sedation for surgical and diagnostic procedures**

To provide sedation for surgical and diagnostic procedures rates of administration should be individualised and titrated to clinical response.

Most patients will require 0.5 to 1 mg/kg over 1 to 5 minutes to initiate sedation.

Maintenance of sedation may be accomplished by titrating Diprivan infusion to the desired level of sedation – most patients will require 1.5 to 4.5 mg/kg/h. In addition to the infusion, bolus administration of 10 to 20 mg may be used if a rapid increase in the depth of sedation is required. In patients of ASA grades 3 and 4 the rate of administration and dosage may need to be reduced.

#### **b) Elderly people**

In older people the dose requirement for induction of anaesthesia with Diprivan is reduced. The reduction should take account of the physical status and age of the patient. The reduced dose should be given at a slower rate and titrated against the response. Where Diprivan is used for maintenance of anaesthesia or sedation the rate of infusion or 'target concentration' should also be reduced. Patients of ASA grades 3 and 4 will require further reductions in dose and dose rate. Rapid bolus administration (single or repeated) should not be used in older people as this may lead to cardiorespiratory depression.

### c) Paediatric population

Diprivan is not recommended for use in children less than one month of age.

Administration of Diprivan by a Diprifusor TCI system is not recommended for any indication in children.

**Induction of general anaesthesia:** For induction of anaesthesia in children over 1 month of age, Diprivan 1% should be titrated slowly until clinical signs show the onset of anaesthesia. The dose should be adjusted according to age and/or body weight. Most patients over 8 years of age require approximately 2.5 mg/kg body weight of Diprivan 1% for induction of anaesthesia. In younger children, especially between the age of 1 month and 3 years, dose requirements may be higher (2.5–4 mg/kg body weight).

**Maintenance of general anaesthesia:** Anaesthesia can be maintained by administering Diprivan by infusion or repeated bolus injection to maintain the depth of anaesthesia required. The required rate of administration varies considerably between patients but rates in the region of 9–15 mg/kg/h usually achieve satisfactory anaesthesia. In younger children, especially between the age of 1 month and 3 years, dose requirements may be higher.

For ASA 3 and 4 patients lower doses are recommended (see also Section 4.4).

**Conscious sedation for surgical and diagnostic procedures:** Diprivan 1% is not recommended for surgical and diagnostic procedures in children aged less than 1 month. In children over 1 month of age, doses and administration rates should be adjusted according to the required depth of sedation and the clinical response. Most paediatric patients require 1–2 mg/kg body weight of Diprivan 1% for onset of sedation. Maintenance of sedation may be accomplished by titrating Diprivan 1% infusion to the desired level of sedation. Most patients require 1.5–9 mg/kg/h Diprivan 1%. The infusion may be supplemented by bolus administration of up to 1 mg/kg body weight if a rapid increase of depth of sedation is required. In ASA 3 and 4 patients lower doses may be required.

### d) Administration

#### Method of administration

Diprivan can be used for infusion undiluted from plastic syringes or glass infusion bottles or Diprivan pre-filled syringes. When Diprivan is used undiluted to maintain anaesthesia, it is recommended that equipment such as syringe pumps or volumetric infusion pumps should always be used to control infusion rates.

Diprivan 1% may also be used diluted with 5% Dextrose Intravenous Infusion only, in PVC infusion bags or glass infusion bottles. Dilutions, which must not exceed 1 in 5, should be prepared aseptically immediately before administration. The mixture is stable for up to 6 hours.

The dilution may be used with a variety of infusion control techniques but a giving set used alone will not avoid the risk of accidental, uncontrolled infusion of large volumes of diluted Diprivan. A burette, drop counter or volumetric pump must be included in the infusion line. The risk of uncontrolled infusion must be taken into account when deciding the maximum amount of dilution in the burette.

Diprivan may be administered by a Y-piece close to the injection site, into infusions of Dextrose 5% Intravenous Infusion, Sodium Chloride 0.9% Intravenous Infusion or Dextrose 4% with Sodium Chloride 0.18% Intravenous Infusion.

In order to reduce pain on initial injection, Diprivan 1% used for induction may be mixed with Lidocaine Injection in a plastic syringe in the ratio of 20 parts Diprivan 1% with up to 1 part of 0.5 or 1% Lidocaine Injection immediately prior to administration.

Diprivan 1% may be premixed with alfentanil injection containing 500 micrograms/ml alfentanil ('Rapifen'; Janssen Pharmaceuticals Ltd.) in the ratio of 20:1 to 50:1 v/v. Mixtures should be prepared using sterile technique and used within 6 hours of preparation at room temperature and under normal lighting conditions.

The neuromuscular blocking agents atracurium and mivacurium should not be given through the same IV line as Diprivan without prior flushing.

**Dilution and co-administration of Diprivan with other drugs or infusion fluids** (see also ‘Additional Precautions’ section)

| <b>Co-administration Technique</b>        | <b>Additive or Diluent</b>   | <b>Preparation</b>  | <b>Precautions</b>   |
|---|--|---|--|
| Pre-mixing                                | Dextrose 5% Intravenous Infusion                                     | Mix 1 part of Diprivan 1% with up to 4 parts of Dextrose 5% Intravenous Infusion in either PVC infusion bags or glass infusion bottles. When diluted in PVC bags it is recommended that the bag should be full and that the dilution be prepared by withdrawing a volume of infusion fluid and replacing it with an equal volume of Diprivan 1% | Prepare aseptically immediately before administration. The mixture is stable for up to 6 hours |
|   | Lidocaine Hydrochloride Injection (0.5% or 1% without preservatives) | Mix 20 parts of Diprivan 1% with up to 1 part of either 0.5% or 1% Lidocaine Hydrochloride Injection  | Prepare mixture aseptically immediately prior to administration. Use for induction only        |
|   | Alfentanil Injection (500 micrograms/ml)                             | Mix Diprivan 1% with alfentanil injection in a ratio of 20:1 to 50:1 v/v  | Prepare mixture aseptically. Use within 6 hours of preparation                                 |
| Co-administration via a Y-piece connector | Dextrose 5% Intravenous Infusion                                     | Co-administer via a Y-piece connector   | Place the Y-piece connector close to the injection site  |
|   | Sodium Chloride 0.9% Intravenous Infusion                            | As above  | As above   |
|   | Dextrose 4% with Sodium Chloride 0.18% Intravenous Infusion          | As above  | As above   |

**e) Target controlled infusion – administration of Diprivan by Diprifusor TCI System in adults**

Diprivan may be administered by TCI with the Diprifusor TCI system incorporating Diprifusor TCI software. This system will operate only on recognition of electronically tagged pre-filled syringes containing Diprivan 1%. The Diprifusor TCI system will automatically adjust the infusion rate to achieve the concentration of Diprivan selected by the operator. Users must be familiar with the infusion pump user manual and with the administration of Diprivan by TCI and with the correct use of the syringe identification system.

The Diprifusor TCI system can provide two modes of target controlled infusion: target **blood** concentration and target **effect-site (brain)** concentration. Earlier models provide only the target blood concentration mode.

Administration of Diprivan by a Diprifusor TCI system is restricted to adults for the induction and maintenance of general anaesthesia and conscious sedation for surgical and diagnostic procedures. It is not recommended for use in ICU sedation or in children or adolescents under 16 years old.

The system allows control of induction and depth of anaesthesia or conscious sedation by setting and adjusting target (predicted) blood or effect-site concentrations of propofol. Use of the target effect-site concentration mode achieves a more rapid induction of sedation or anaesthesia than use of the target blood concentration mode.

The pharmacokinetic model in Diprifusor TCI system assumes that the initial target concentrations in the patient are zero. Therefore, in patients who have recently received prior propofol, there may be a need to select a lower initial target concentration when commencing Diprifusor TCI. Similarly, the immediate recommencement of Diprifusor TCI is not recommended if the pump has been switched off; if this has occurred, the Diprifusor TCI system indicates that it has been switched off by requiring re-entry/confirmation of patient data.

Guidance on propofol target concentrations is given below. In view of interpatient variability in propofol pharmacokinetics and pharmacodynamics, in both premedicated and unpremedicated patients, the target propofol concentration should be titrated against the response of the patient in order to achieve the depth of anaesthesia or conscious sedation required.

In adult patients under 55 years of age, anaesthesia can usually be induced with target **blood** propofol concentrations in the region of 4 to 8 micrograms/ml or target **effect-site** concentrations of 2.5 to 4 micrograms/ml. An initial target blood concentration of 4 micrograms/ml or target effect-site concentration of 2.5 micrograms/ml is recommended in premedicated patients and in unpremedicated patients an initial target blood concentration of 6 micrograms/ml or target effect-site concentration of 4 micrograms/ml is advised. Induction time with target blood concentrations is generally within the range of 60–120 seconds. Higher target blood concentrations will allow more rapid induction of anaesthesia but may be associated with more pronounced haemodynamic and respiratory depression. When using target effect-site concentrations the use of higher targets to achieve more rapid induction of anaesthesia is not necessary and not recommended.

Lower initial target concentrations should be used in patients over the age of about 55 years and in patients of ASA grades 3 and 4 (use of effect-site mode in patients of ASA grade 4 is not recommended). For the effect site mode an initial target of 0.5 to 1 micrograms/ml should be used. For both target concentration modes, the target can then be increased in steps of 0.5 to 1 microgram/ml at intervals of 1 minute to achieve a gradual induction of anaesthesia.

Supplementary analgesia will generally be required and the extent to which target concentrations for maintenance of anaesthesia can be reduced will be influenced by the amount of concomitant analgesia administered. Target propofol blood concentrations in the region of 3 to 6 micrograms/ml and target effect-site concentrations of 2.5 to 4 micrograms/ml usually induce and maintain satisfactory anaesthesia. In the absence of supplementary analgesia, higher effect-site targets of 5 to 6 micrograms/ml may be required to facilitate laryngoscopy or to abolish responses to painful stimuli.

For both target concentration modes, the predicted propofol concentration (blood or effect-site) on waking is generally in the region of 1 to 2 micrograms/ml and will be influenced by the amount of analgesia given during maintenance. When target concentrations are reduced, the Diprifusor transiently stops the infusion to allow concentrations to fall and achieve a new target more quickly.

### **Conscious sedation for surgical and diagnostic procedures**

The target concentration setting should be titrated against the response of the patient to achieve the depth of conscious sedation required.

An initial target **blood** propofol concentration in the range of 0.5 to 2.5 micrograms/ml will generally be required. Initial target blood concentrations towards the upper end of the recommended range will allow more rapid induction of conscious sedation.

In older patients and in patients of ASA grades 3 and 4, initial target blood concentrations towards the lower end of the range should be used.

In young, healthy patients, an **effect-site** target of 1.5 to 2 micrograms/ml generally achieves satisfactory sedation, which is achieved more rapidly than when the target blood concentration control mode is used. When using target effect-site concentrations the use of higher targets to achieve more rapid induction of sedation is not necessary and not recommended. There is insufficient evidence to recommend use of effect-site mode for conscious sedation in older people or patients of ASA grades 3 or 4.

Routine oxygen supplementation should be provided.

### **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Diprivan contains soya oil and should not be used in patients who are hypersensitive to peanut or soya.

Diprivan 1% must not be used in patients of 16 years of age or younger for sedation in intensive care (see section 4.4).

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

Diprivan is intended for use in hospitals only.

Diprivan should be given by those trained in anaesthesia, or where appropriate, doctors trained in the care of patients in Intensive Care.

Patients should be constantly monitored and facilities for maintenance of a patient airway, artificial ventilation, oxygen enrichment and other resuscitative facilities, should be readily available at all times. Diprivan should not be administered by the person conducting the surgical or diagnostic procedure.

Abuse of and dependence on Diprivan, predominantly by health care professionals, have been reported. As with other general anaesthetics, the administration of Diprivan without airway care may result in fatal respiratory complications.

When Diprivan is administered for conscious sedation for surgical and diagnostic procedures, patients should be continually monitored for early signs of hypotension, airway obstruction and oxygen desaturation.

As with other sedative agents, when Diprivan is used for sedation during operative procedures, involuntary patient movements may occur. During procedures requiring immobility these movements may be hazardous to the operative site.

An adequate period is needed prior to discharge of the patient, to ensure full recovery after use of Diprivan. Very rarely the use of Diprivan may be associated with the development of a period of postoperative unconsciousness, which may be accompanied by an increase in muscle tone. This may or may not be preceded by a period of wakefulness. Although recovery is spontaneous, appropriate care of an unconscious patient should be administered.

Diprivan induced impairment is not generally detectable beyond 12 hours. The effects of Diprivan, the procedure, concomitant medications, the age and the condition of the patient should be considered when advising patients on:

- The advisability of being accompanied on leaving the place of administration
- The timing of recommencement of skilled or hazardous tasks such as driving
- The use of other agents that may sedate (Eg, benzodiazepines, opiates, alcohol.)

As with other intravenous anaesthetic agents, caution should be applied in patients with cardiac, respiratory, renal or hepatic impairment or in hypovolaemic or debilitated patients.

Diprivan clearance is blood flow dependent, therefore, concomitant medication that reduces cardiac output will also reduce Diprivan clearance.

Diprivan lacks vagolytic activity and has been associated with reports of bradycardia (occasionally profound) and also asystole. The intravenous administration of an anticholinergic agent before induction, or during maintenance of anaesthesia should be considered, especially in situations where vagal tone is likely to predominate or when Diprivan is used in conjunction with other agents likely to cause bradycardia.

When Diprivan is administered to an epileptic patient, there may be a risk of convulsion. Appropriate care should be applied in patients with disorders of fat metabolism and in other conditions where lipid emulsions must be used cautiously.

The benefits and risks of the proposed procedure should be considered prior to proceeding with repeated or prolonged use (>3 hours) of propofol in young children (< 3 years) and in pregnant women as there have been reports of neurotoxicity in preclinical studies, see Section 5.3.

### **Paediatric population**

The use of Diprivan is not recommended for newborn infants as this patient population has not been fully investigated. Pharmacokinetic data (see section 5.2) indicate that clearance is considerably reduced in neonates and has a very high inter-individual variability. Relative overdose could occur on administering doses recommended for older children and result in severe cardiovascular depression.

Diprivan 2% is not recommended for use in children < 3 years of age due to difficulty in titrating small volumes.

Propofol must not be used in patients of 16 years of age or younger for sedation for intensive care as the safety and efficacy of propofol for sedation in this age group have not been demonstrated (see section 4.3).

### **Advisory statements concerning Intensive Care Unit management**

Use of propofol emulsion infusions for ICU sedation has been associated with a constellation of metabolic derangements and organ system failures that may result in death. Reports have been received of combinations of the following: Metabolic acidosis, Rhabdomyolysis, Hyperkalaemia, Hepatomegaly, Renal failure, Hyperlipidaemia, Cardiac arrhythmia, Brugada-type ECG (elevated ST-segment and coved T-wave) and rapidly progressive cardiac failure usually unresponsive to inotropic supportive treatment. Combinations of these events have been referred to as the Propofol Infusion Syndrome. These events were mostly seen in patients with serious head injuries and children with respiratory tract infections who received dosages in excess of those advised in adults for sedation in the intensive care unit.

The following appear to be the major risk factors for the development of these events: decreased oxygen delivery to tissues; serious neurological injury and/or sepsis; high dosages of one or more of the following pharmacological agents - vasoconstrictors, steroids, inotropes and/or Diprivan (usually

at dose rates greater than 4mg/kg/h for more than 48 hours).

Prescribers should be alert to these events in patients with the above risk factors and immediately discontinue Diprivan when the above signs develop. All sedative and therapeutic agents used in the intensive care unit (ICU), should be titrated to maintain optimal oxygen delivery and haemodynamic parameters. Patients with raised intra-cranial pressure (ICP) should be given appropriate treatment to support the cerebral perfusion pressure during these treatment modifications.

Treating physicians are reminded if possible not to exceed the dosage of 4 mg/kg/h.

Appropriate care should be applied in patients with disorders of fat metabolism and in other conditions where lipid emulsions must be used cautiously.

It is recommended that blood lipid levels should be monitored if propofol is administered to patients thought to be at particular risk of fat overload. Administration of propofol should be adjusted appropriately if the monitoring indicates that fat is being inadequately cleared from the body. If the patient is receiving other intravenous lipid concurrently, a reduction in quantity should be made in order to take account of the amount of lipid infused as part of the propofol formulation; 1.0 mL of Diprivan contains approximately 0.1 g of fat.

Diprivan contains 0.0018 mmol sodium per ml. To be taken into consideration by patients on a controlled sodium diet. Diprivan contains 100 mg refined soya-bean oil per ml.

#### **Additional precautions**

Caution should be taken when treating patients with mitochondrial disease. These patients may be susceptible to exacerbations of their disorder when undergoing anaesthesia, surgery and ICU care. Maintenance of normothermia, provision of carbohydrates and good hydration are recommended for such patients. The early presentations of mitochondrial disease exacerbation and of the 'propofol infusion syndrome' may be similar.

Diprivan contains no antimicrobial preservatives and supports growth of micro-organisms.

EDTA chelates metal ions, including zinc, and reduces microbial growth rates. The need for supplemental zinc should be considered during prolonged administration of Diprivan, particularly in patients who are predisposed to zinc deficiency, such as those with burns, diarrhoea and/or major sepsis.

When Diprivan is to be aspirated, it must be drawn aseptically into a sterile syringe or giving set immediately after opening the ampoule or breaking the vial seal. Administration must commence without delay. Asepsis must be maintained for both Diprivan and infusion equipment throughout the infusion period. Any infusion fluids added to the Diprivan line must be administered close to the cannula site. Diprivan must not be administered via a microbiological filter.

Diprivan and any syringe containing Diprivan are for single use in an individual patient. In accordance with established guidelines for other lipid emulsions, a single infusion of Diprivan must not exceed 12 hours. At the end of the procedure or at 12 hours, whichever is the sooner, both the reservoir of Diprivan and the infusion line must be discarded and replaced as appropriate.

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

Diprivan has been used in association with spinal and epidural anaesthesia and with commonly used premedicants, neuromuscular blocking drugs, inhalational agents and analgesic agents; no pharmacological incompatibility has been encountered. Lower doses of Diprivan may be required where general anaesthesia or sedation is used as an adjunct to regional anaesthetic techniques.

Profound hypotension has been reported following anaesthetic induction with propofol in patients treated with rifampicin. The hypotensive effect of Diprivan may be potentiated by the concomitant administration of opiate analgesics. This effect may be more marked in elderly patients and when agents such as alfentanil are given by infusion.

A need for lower propofol doses has been observed in patients taking valproate. When used concomitantly, a dose reduction of propofol may be considered.

A need for lower propofol doses has been observed in patients taking midazolam. The co-administration of propofol with midazolam is likely to result in enhanced sedation and respiratory depression. When used concomitantly, a dose reduction of propofol should be considered.

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

##### **Pregnancy**

The safety of Diprivan during pregnancy has not been established. Studies in animals have shown reproductive toxicity (see section 5.3). Diprivan should not be given to pregnant women except when absolutely necessary. Diprivan crosses the placenta and can cause neonatal depression. Diprivan can, however, be used during an induced abortion.

High doses (more than 2.5 mg/kg for induction or 6 mg/kg/h for maintenance of anaesthesia) should be avoided.

##### **Breast-feeding**

Studies of breast-feeding mothers showed that small quantities of Diprivan are excreted in human milk. Women should therefore not breast-feed for 24 hours after administration of Diprivan. Milk produced during this period should be discarded.

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

Patients should be advised that performance of skilled tasks, such as driving and operating machinery, may be impaired for some time after general anaesthesia.

Diprivan induced impairment is not generally detectable beyond 12 hours (please see section 4.4).

#### **4.8 Undesirable effects**

##### **General**

Induction and maintenance of anaesthesia or sedation is generally smooth with minimal evidence of excitation, although spontaneous movements may be seen in some patients. The most commonly reported ADRs are pharmacologically predictable side effects of an anaesthetic/sedative agent, such as hypotension. The nature, severity and incidence of adverse events observed in patients receiving Diprivan may be related to the condition of the recipients and the operative or therapeutic procedures being undertaken.

The following definitions of frequencies are used:

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).

#### **Table of Adverse Drug Reactions**

| <b>System Organ Class</b> | <b>Frequency</b> | <b>Undesirable Effects</b>   |
|---------------------------|------------------|--|
| Immune system disorders   | Very rare        | Anaphylaxis – may include angioedema, bronchospasm, erythema and hypotension |

|  |                          |   |
|--|--------------------------|---|
| Metabolism and nutrition disorders                   | Not known <sup>(9)</sup> | Metabolic acidosis <sup>(5)</sup> , hyperkalaemia <sup>(5)</sup> , hyperlipidaemia <sup>(5)</sup>         |
| Psychiatric disorders                                | Not known <sup>(9)</sup> | Euphoric mood. Drug abuse and drug dependence <sup>(8)</sup>  |
| Nervous system disorders                             | Common                   | Headache during recovery phase  |
|  | Rare                     | Epileptiform movements, including convulsions and opisthotonus during induction, maintenance and recovery |
|  | Very rare                | Postoperative unconsciousness   |
|  | Not known <sup>(9)</sup> | Involuntary movements   |
| Cardiac disorders                                    | Common                   | Bradycardia <sup>(1)</sup>  |
|  | Very rare                | Pulmonary oedema  |
|  | Not known <sup>(9)</sup> | Cardiac arrhythmia <sup>(5)</sup> , cardiac failure <sup>(5), (7)</sup>                                   |
| Vascular disorders                                   | Common                   | Hypotension <sup>(2)</sup>  |
|  | Uncommon                 | Thrombosis and phlebitis  |
| Respiratory, thoracic and mediastinal disorders      | Common                   | Transient apnoea during induction   |
|  | Not known <sup>(9)</sup> | Respiratory depression (dose dependent)   |
| Gastrointestinal disorders                           | Common                   | Nausea and vomiting during recovery phase   |
|  | Very rare                | Pancreatitis  |
| Hepatobiliary disorders                              | Not known <sup>(9)</sup> | Hepatomegaly <sup>(5)</sup>   |
| Musculoskeletal and connective tissue disorders      | Not known <sup>(9)</sup> | Rhabdomyolysis <sup>(3), (5)</sup>  |
| Renal and urinary disorders                          | Very rare                | Discolouration of urine following prolonged administration  |
|  | Not known <sup>(9)</sup> | Renal failure <sup>(5)</sup>  |
| Reproductive system and breast disorders             | Very rare                | Sexual disinhibition  |
|  | Not known                | Priapism  |
| General disorders and administration site conditions | Very common              | Local pain on induction <sup>(4)</sup>  |
|  | Very rare                | Tissue necrosis <sup>(10)</sup> following accidental extravascular administration                         |
|  | Not known <sup>(9)</sup> | Local pain, swelling, following accidental extravascular administration                                   |
| Investigations                                       | Not known <sup>(9)</sup> | Brugada type ECG <sup>(5), (6)</sup>  |

|  |           |                     |
|--|-----------|---------------------|
| Injury, poisoning and procedural complications | Very rare | Postoperative fever |
|--|-----------|---------------------|

- (1) Serious bradycardias are rare. There have been isolated reports of progression to asystole.
- (2) Occasionally, hypotension may require use of intravenous fluids and reduction of the administration rate of Diprivan.
- (3) Very rare reports of rhabdomyolysis have been received where Diprivan has been given at doses greater than 4 mg/kg/hr for ICU sedation.
- (4) May be minimised by using the larger veins of the forearm and antecubital fossa. With Diprivan 1% local pain can also be minimised by the co-administration of lidocaine.
- (5) Combinations of these events, reported as “Propofol Infusion Syndrome”, may be seen in seriously ill patients who often have multiple risk factors for the development of the events, see section 4.4.
- (6) Brugada-type ECG - elevated ST-segment and coved T-wave in ECG.
- (7) Rapidly progressive cardiac failure (in some cases with fatal outcome) in adults. The cardiac failure in such cases was usually unresponsive to inotropic supportive treatment.
- (8) Abuse of and drug dependence on propofol, predominantly by health care professionals.
- (9) Not known as it cannot be estimated from the available clinical trial data.
- (10) Necrosis has been reported where tissue viability has been impaired.

### Local

The local pain which may occur during the induction phase can be minimised by the use of the larger veins in the forearm and antecubital fossa. With Diprivan 1% local pain can also be minimised by the co-administration of lidocaine (see section 4.2). Thrombosis and phlebitis are rare. Accidental clinical extravasation and animal studies showed minimal tissue reaction. Intra-arterial injection in animals did not induce local tissue effects.

### 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. Healthcare professionals are asked to report any suspected adverse reactions via:

Ireland:

HPRA Pharmacovigilance

Earlsfort Terrace

IRL - Dublin 2

Tel: +353 1 6764971

Fax: +353 1 6762517

Website: [www.hpra.ie](http://www.hpra.ie)

e-mail: [medsafety@hpra.ie](mailto:medsafety@hpra.ie)

Malta:

ADR Reporting

Website: [www.medicinesauthority.gov.mt/adrportal](http://www.medicinesauthority.gov.mt/adrportal)

## 4.9 Overdose

Accidental overdosage is likely to cause cardiorespiratory depression. Respiratory depression should be treated by artificial ventilation with oxygen. Cardiovascular depression would require lowering of the patient's head and, if severe, use of plasma expanders and pressor agents.

## 5. Pharmacological Properties

## 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Other general anaesthetics  
ATC code: N01AX10

### Mechanism of action

Propofol (2,6-diisopropylphenol) is a short-acting general anaesthetic agent with a rapid onset of action of approximately 30 seconds. Recovery from anaesthesia is usually rapid. The mechanism of action, like all general anaesthetics is poorly understood. However, propofol is thought to produce its sedative/anaesthetic effects by the positive modulation of the inhibitory function of the neurotransmitter GABA through the ligand-gated GABA<sub>A</sub> receptors.

### Pharmacodynamic effects

In general, falls in mean arterial blood pressure and slight changes in heart rate are observed when Diprivan is administered for induction and maintenance of anaesthesia. However, the haemodynamic parameters normally remain relatively stable during maintenance and the incidence of untoward haemodynamic changes is low.

Although ventilatory depression can occur following administration of Diprivan, any effects are quantitatively similar to those of the other intravenous anaesthetic agents and are readily manageable in clinical practice.

Diprivan reduces cerebral blood flow, intracranial pressure and cerebral metabolism. The reduction in intracranial pressure is greater in patients with an elevated baseline intracranial pressure.

### Clinical efficacy and safety

Recovery from anaesthesia is usually rapid and clear-headed with a low incidence of headache and postoperative nausea and vomiting.

In general, there is less postoperative nausea and vomiting following anaesthesia with Diprivan than following anaesthesia with inhalation agents.

Diprivan, at the concentrations likely to occur clinically, does not inhibit the synthesis of adrenocortical hormones.

### Paediatric population

Limited studies on the duration of propofol based anaesthesia in children indicate safety and efficacy is unchanged up to duration of 4 hours. Literature evidence of use in children documents use for prolonged procedures without changes in safety or efficacy.

## 5.2 Pharmacokinetic properties

### Absorption

When Diprivan is used to maintain anaesthesia, blood concentrations of propofol asymptotically approach the steady-state value for the given administration rate.

### Distribution

Propofol is extensively distributed and rapidly cleared from the body (total body clearance: 1.5–2 litres/minute).

### Elimination

The decline in propofol concentrations following a bolus dose or following the termination of an infusion can be described by a three-compartment open model. The first phase is characterised by a very rapid distribution (half-life: 2–4 minutes) followed by rapid elimination (half-life: 30–60 minutes) and a slower final phase, representative of redistribution of propofol from poorly perfused tissue.

Clearance occurs by metabolic processes, mainly in the liver where it is blood flow dependent, to form inactive conjugates of propofol and its corresponding quinol, which are excreted in urine.

After a single dose of 3 mg/kg intravenously, propofol clearance/kg body weight increased with age as follows: Median clearance was considerably lower in neonates <1 month old (n=25) (20 ml/kg/min) compared to older children (n= 36, age range 4 months–7 years). Additionally inter-individual variability was considerable in neonates (range 3.7–78 ml/kg/min). Due to this limited trial data that indicates a large variability, no dose recommendations can be given for this age group. Median propofol clearance in older aged children after a single 3 mg/kg bolus was 37.5 ml/min/kg (4–24 months) (n=8), 38.7 ml/min/kg (11–43 months) (n=6), 48 ml/min/kg (1–3 years) (n=12), 28.2 ml/min/kg (4–7 years) (n=10) as compared with 23.6 ml/min/kg in adults (n=6).

### **Linearity**

The pharmacokinetics are linear over the recommended range of infusion rates of Diprivan.

### **5.3 Preclinical safety data**

Published studies in animals (including primates) at doses resulting in light to moderate anaesthesia demonstrate that the use of anaesthetic agents during the period of rapid brain growth or synaptogenesis results in cell loss in the developing brain that can be associated with prolonged cognitive deficiencies. The clinical significance of these nonclinical findings is not known.

Published studies in animals demonstrate that the use of anaesthetic agents during the period of rapid brain growth or synaptogenesis results in widespread neuronal and oligodendrocyte cell loss in the developing brain and alterations in synaptic morphology and neurogenesis. Based on comparisons across species, the window of vulnerability to these changes is believed to correlate with exposures in the third trimester through the first several months of life, but may extend out to approximately 3 years of age in humans.

In neonatal primates, exposure to 3 hours of an anaesthetic regimen that produced a light surgical plane of anaesthesia did not increase neuronal cell loss, however, treatment regimens of 5 hours or longer increased neuronal cell loss. Data in foetal and neonatal rodents and primates suggest that the neuronal and oligodendrocyte cell losses are associated with subtle but prolonged cognitive deficits in learning and memory. The clinical significance of these preclinical findings is not known, and healthcare providers should balance the benefits of appropriate anaesthesia in young children less than 3 years of age and pregnant women who require procedures against the potential risks suggested by the preclinical data.

Propofol is a drug on which extensive clinical experience has been obtained. All relevant information for the prescriber is provided elsewhere in the Summary of Product Characteristics.

## **6. Pharmaceutical Particulars**

### **6.1 List of excipients**

Soya-bean Oil, Refined  
Purified Egg Phosphatide  
Glycerol  
Sodium Hydroxide (for the adjustment of pH)  
Disodium Edetate  
Water for Injections

### **6.2 Incompatibilities**

Diprivan should not be mixed prior to administration with injections or infusion fluids with the exception of Diprivan 1% which can be mixed with 5% Dextrose, in PVC bags or glass infusion bottles or Lidocaine Injection in plastic syringes and alfentanil injection (see section 4.2).

The neuromuscular blocking agents, atracurium and mivacurium should not be given through the same IV line as Diprivan without prior flushing.

### **6.3 Shelf life**

Shelf life of the product as packaged for sale

3 years

Shelf life after dilution

Use within 6 hours of dilution.

### **6.4 Special precautions for storage**

Do not store above 25°C. Do not freeze.

For storage precautions for diluted product, *see section 6.3 Shelf Life*.

### **6.5 Nature and contents of container**

Type I glass pre-filled syringes containing 50 ml.

### **6.6 Special precautions for disposal and other handling**

For more detailed administration instructions for Diprivan and mixtures of Diprivan, please *see section 4.2 Posology and Method of Administration*.

In-use precautions: Containers should be shaken before use. Any portion of the contents remaining after use should be discarded.

When the pre-filled syringe presentation is used in a syringe pump, appropriate compatibility should be ensured. In particular, the pump should be designed to prevent siphoning and should have an occlusion alarm set no greater than 1000 mm Hg. If using a programmable or equivalent pump that offers options for use of different syringes, then choose only the B-D 50/60 ml PLASTIPAK setting when using the Diprivan pre-filled syringe.

Asepsis for Diprivan and infusion equipment must be maintained (see Section 4.4 Warnings and precautions for use).

## **7. Marketing Authorisation Holder**

Ireland and Malta:  
Aspen Pharma Trading Limited,  
3016 Lake Drive,  
Citywest Business Campus,  
Dublin 24,  
Ireland.

## **8. Marketing Authorisation Number(s)**

Ireland: PA1691/022/001

Malta: MA955/00901

## **9. Date of First Authorisation/Renewal of Authorisation**

Ireland:

Date of first authorisation: 19<sup>th</sup> October 1995

Date of latest renewal: 6<sup>th</sup> November 2007

Malta:

Date of first authorisation: 31<sup>st</sup> October 2005

**10. Date of Revision of the Text**