

SUMMARY OF PRODUCT CHARACTERISTICS
1. NAME OF THE MEDICINAL PRODUCT
Gadovist 1.0 mmol/ml solution for injection
2. QUALITATIVE AND QUANTITATIVE COMPOSITION
1 ml of solution for injection contains 604.72 mg gadobutrol (equivalent to 1.0 mmol gadobutrol containing 157.25 mg gadolinium). 1 vial with 15 ml contains 9070.8 mg gadobutrol.
Excipient with known effect:
1 ml contains 0.00056 mmol (equivalent to 0.013 mg) of sodium (see section 4.4).
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
Solution for injection
Clear, colourless to pale yellow liquid.
4. CLINICAL PARTICULARS

4.1 Therapeutic indications
This medicinal product is for diagnostic use only. Gadovist is indicated in adults and children of all ages (including term neonates) for:
► Contrast enhancement in cranial and spinal magnetic resonance imaging (MRI).
► Contrast-enhanced MRI of liver or kidneys in patients with high suspicion or evidence of having focal lesions to classify these lesions as benign or malignant.
► Contrast enhancement in magnetic resonance angiography (CE-MRA).

Gadovist can also be used for MR imaging of pathologies of the whole body. It facilitates visualisation of abnormal structures or lesions and helps in the differentiation between healthy and pathological tissue. Gadovist should only be used when essential diagnostic information cannot be obtained with non-contrast-enhanced magnetic resonance imaging (MRI).

4.2 Posology and method of administration

**Gadovist should only be administered by healthcare professionals experienced in the field of clinical MRI practice.**

Method of administration

This medicinal product is for intravenous administration only. The dose required is administered intravenously as a bolus injection. Contrast-enhanced MRI can commence immediately afterwards (shortly after the injection depending on the pulse sequences used and the protocol for the examination).

Optimal signal enhancement is observed during arterial first pass for CE-MRA and within a period of about 15 minutes after injection of Gadovist for CNS indications (time depending on type of lesion/tissue). T<sub>1</sub> -weighted scanning sequences are particularly suitable for contrast-enhanced examinations.

Intravascular administration of contrast media should, if possible, be done with the patient lying down. After the administration, the patient should be kept under observation for at least half an hour, since experience shows that the majority of undesirable effects occur within this time (see section 4.4).

Instructions for use:

This product is intended for single use only.

This medicinal product should be visually inspected before use. Gadovist should not be used in case of severe discolouration, the occurrence of particulate matter or a defective container. Contrast medium not used in one examination must be discarded.

Gadovist should not be drawn up into the syringe from the vial until immediately before use.

The rubber stopper should never be pierced more than once.

If this medicinal product is intended to be used with an automatic application system, its suitability for the intended use has to be demonstrated by the manufacturer of the medicinal device.

Any additional instructions from the respective equipment manufacturer must also be strictly adhered to.

**Posology**

The lowest possible dose with which adequate contrast enhancement for diagnostic purposes can be achieved is to be used. The dose is calculated relative to the patient's bodyweight and should not exceed the recommended dose per kilogram bodyweight specified in this section.

Adults

CNS indications

The recommended dose for adults is 0.1 mmol per kilogram body weight (mmol/kg BW). This is equivalent to 0.1 ml/kg BW of the 1.0 M solution.

If a strong clinical suspicion of a lesion persists despite an unremarkable MRI or when more accurate information might influence therapy of the patient, a further injection of up to 0.2 ml/kg BW within 30 minutes of the first injection may be performed.

A dose of 0.075 mmol gadobutrol per kg body weight (equivalent to 0.075 ml Gadovist per kg body weight) may be administered at minimum for imaging of the CNS (see section 5.1).

Whole-body MRI (except MRA)

In general, the administration of 0.1 ml Gadovist per kg body weight is sufficient to answer the clinical question.

CE-MRA

Imaging of 1 field of view (FOV): 7.5 ml for body weight below 75 kg; 10 ml for body weight of 75 kg and higher (corresponding to 0.1-0.15 mmol/kg BW).

Imaging of > 1 field of view (FOV): 15 ml for body weight below 75 kg; 20 ml for body weight of 75 kg and higher (corresponding to 0.2-0.3 mmol/kg BW).

Special populations

**Renal impairment**

Gadovist should only be used in patients with severe renal impairment (GFR < 30 ml/min/1.73 m²) and in patients in the perioperative liver transplantation period after careful risk/benefit assessment and if the diagnostic information is essential and not available with non-contrast-enhanced MRI (see section 4.4). If it is necessary to use Gadovist, the dose should not exceed 0.1 mmol/kg body weight. More than one dose should not be used during a scan. Because of the lack of information on repeated administration, Gadovist injections should not be repeated unless the interval between injections is at least 7 days.

**Paediatric population**

For children of all ages (including term neonates) the recommended dose is 0.1 mmol gadobutrol per kg body weight (equivalent to 0.1 ml Gadovist per kg body weight) for all indications (see section 4.1).

**Neonates up to 4 weeks of age and infants up to 1 year of age**

Due to immature renal function in neonates up to 4 weeks of age and infants up to 1 year of age, Gadovist should only be used in these patients after careful consideration at a dose not exceeding 0.1 mmol/kg body weight. More than one dose should not be used during a scan. Because of the lack of information on repeated administration, Gadovist injections should not be repeated unless the interval between injections is at least 7 days.

**Elderly (aged 65 years and above)**

No dosage adjustment is considered necessary. Caution should be exercised in elderly patients (see section 4.4).

**4.3 Contraindications**

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

**4.4 Special warnings and precautions for use**

While injecting Gadovist into veins with a small lumen there is the possibility of adverse effects such as reddening and swelling. The usual safety requirements for magnetic resonance imaging, especially the exclusion of ferromagnetic materials, also apply when using Gadovist.

Hypersensitivity reactions

As with other intravenous contrast agents, Gadovist can be associated with anaphylactoid / hypersensitivity or other idiosyncratic reactions, characterised by cardiovascular, respiratory or cutaneous manifestations, and ranging to severe reactions including shock. In general, patients with cardiovascular disease are more susceptible to serious or even fatal outcomes of severe hypersensitivity reactions.

The risk of hypersensitivity reactions may be higher in case of:

- previous reaction to contrast media
- history of bronchial asthma
- history of allergic disorders

In patients with an allergic disposition the decision to use Gadovist must be made after particularly careful evaluation of the risk-benefit ratio.

Most of these reactions occur within half an hour of administration. Therefore, post-procedure observation of the patient is recommended.

Medication for the treatment of hypersensitivity reactions as well as preparedness for institution of emergency measures are necessary (see section 4.2).

Delayed reactions (after hours up to several days) have been rarely observed (see section 4.8).

Impaired renal function

**Prior to administration of Gadovist, it is recommended that all patients are screened for renal dysfunction by obtaining laboratory tests.**

There have been reports of nephrogenic systemic fibrosis (NSF) associated with use of some gadolinium-containing contrast agents in patients with acute or chronic severe renal impairment (GFR < 30 ml/min/1.73 m²). Patients undergoing liver transplantation are at particular risk since the incidence of acute renal failure is high in this group.

As there is a possibility that NSF may occur with Gadovist, it should therefore only be used in patients with severe renal impairment and in patients in the perioperative liver transplantation period after careful risk/benefit assessment and if the diagnostic information is essential and not available with non-contrast-enhanced magnetic resonance imaging (MRI).

Haemodialysis shortly after Gadovist administration may be useful at removing Gadovist from the body. There is no evidence to support the initiation of haemodialysis for prevention or treatment of NSF in patients not already undergoing haemodialysis.

Neonates and infants

Due to immature renal function in neonates up to 4 weeks of age and infants up to 1 year of age, Gadovist should only be used in these patients after careful consideration.

Elderly

As the renal clearance of gadobutrol may be impaired in the elderly, it is particularly important to screen patients aged 65 years and older for renal dysfunction.

Seizure disorders

Like with other gadolinium-containing contrast agents special precaution is necessary in patients with a low threshold for seizures.

Excipients

This medicinal product contains less than 1 mmol sodium (23 mg) per dose (based on the average amount given to a 70 kg person), i.e. essentially 'sodium-free'. To be taken into consideration by patients on a controlled sodium diet.

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

No interaction studies have been performed.

**4.6 Fertility, pregnancy and lactation**

Pregnancy

There are no data from the use of gadobutrol in pregnant women. Animal studies have shown reproductive toxicity at repeated high doses (see section 5.3).

Gadovist should not be used during pregnancy unless the clinical condition of the woman requires use of gadobutrol.

Breast-feeding

Gadolinium-containing contrast agents are excreted into breast milk in very small amounts (see section 5.3). At clinical doses, no effects on the infant are anticipated due to the small amount excreted in milk and poor absorption from the gut. Continuing or discontinuing of breast-feeding for a period of 24 hours after administration of Gadovist, should be at the discretion of the doctor and lactating mother.

Fertility

Animal studies do not indicate impairment of fertility.

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

Not relevant.

**4.8 Undesirable effects**

The overall safety profile of Gadovist is based on data from more than 6,300 patients in clinical trials and from post-marketing surveillance. The most frequently observed adverse drug reactions (≥ 0.5%) in patients receiving Gadovist are headache, nausea and dizziness. The most serious adverse drug reactions in patients receiving Gadovist are cardiac arrest and severe anaphylactoid reactions (including respiratory arrest and anaphylactic shock).

Delayed anaphylactoid reactions (hours later up to several days) have been rarely observed (see section 4.4).

Most of the undesirable effects were of mild to moderate intensity. The adverse drug reactions observed with Gadovist are represented in the table below. They are classified according to system organ class (MedDRA). The most appropriate MedDRA term is used to describe a certain reaction and its synonyms and related conditions. Adverse drug reactions from clinical trials are classified according to their frequencies.

Frequency groupings are defined according to the following convention: common: ≥1/100 to < 1/10; uncommon: ≥1/1,000 to < 1/100; rare: ≥1/10,000 to < 1/1,000. The adverse drug reactions identified only during post-marketing surveillance, and for which a frequency could not be estimated, are listed under 'not known'.

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

System organ class	Common	Uncommon	Rare	Not known
Immune system disorders		Hypersensitivity / anaphylactoid reaction** (e.g. anaphylactoid shock* <sup>‡</sup> ; circulatory collapse* <sup>‡</sup> ; respiratory arrest* <sup>‡</sup> ; pulmonary oedema* <sup>‡</sup> ; bronchospasm <sup>‡</sup> ; cyanosis <sup>‡</sup> ; oropharyngeal swelling* <sup>‡</sup> ; laryngeal oedema <sup>‡</sup> ; hypotension* <sup>‡</sup> ; blood pressure increased <sup>‡</sup> ; chest pain <sup>‡</sup> ; urticaria, face oedema, angioedema <sup>‡</sup> ; conjunctivitis <sup>‡</sup> ; eyelid oedema, flushing, hyperhidrosis <sup>‡</sup> , cough <sup>‡</sup> , sneezing <sup>‡</sup> , burning sensation <sup>‡</sup> , pallor <sup>‡</sup> )		
Nervous system disorders	Headache	Dizziness, dysgeusia, paresthesia	Loss of consciousness*, convulsion, parosmia	Cardiac arrest*
Cardiac disorders			Tachycardia, palpitations	
Respiratory, thoracic and mediastinal disorders		Dyspnoea*		
Gastrointestinal disorders	Nausea	Vomiting	Dry mouth	
Skin and subcutaneous tissue disorders		Erythema, pruritus (including generalized pruritus), rash (including generalized, macular, papular, pruritic rash)		Nephrogenic systemic fibrosis (NSF)
General disorders and administration site conditions		Injection site reaction <sup>‡</sup> , feeling hot	Malaise, feeling cold	

\* There have been reports of life-threatening and/or fatal outcomes from this ADR

# None of the individual symptoms ADRs listed under hypersensitivity/anaphylactoid reactions identified in clinical trials reached a frequency greater than 'rare' (except for urticarial)

<sup>‡</sup> Hypersensitivity/anaphylactoid reactions identified only during post-marketing surveillance (frequency not known)

<sup>°</sup> Injection site reactions (various kinds) comprise the following terms: Injection site extravasation, injection site burning, injection site coldness, injection site warmth, injection site erythema or rash, injection site pain, injection site haematoma

Patients with an allergic disposition suffer more frequently than others from hypersensitivity reactions.

Isolated cases of nephrogenic systemic fibrosis (NSF) have been reported with Gadovist (see section 4.4).

Fluctuations of renal function parameters including increases of serum creatinine have been observed after administration of Gadovist.

Paediatric population

Based on two single-dose phase I/III studies in 138 subjects aged 2-17 years and 44 subjects aged 0-<2 years (see section 5.1), the frequency, type and severity of adverse reactions in children of all ages (including term neonates) are consistent with the adverse drug reaction profile known in adults. This has been confirmed in a phase IV study including more than 1,100 paediatric patients and post-marketing surveillance.

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:

**To report any side effect(s):**

**Egypt:**  
Egyptian Pharmaceutical Vigilance Centre  
Hotline: 15301  
Email: pv.followup@edaegypt.gov.eg  
Website: www.edaegypt.gov.eg

**United Arab Emirates (UAE):**  
Pharmacovigilance & Medical Device section  
Tel: 80011111 / +971 42301000  
Email: pv@mohap.gov.ae  
Website: www.mohap.gov.ae  
P.O.Box 1853 Dubai

**Kuwait:**  
Drug &Food Control, Ministry of Health  
Tel.: +965-24811532  
Fax: +965-24811507  
Email : Adr\_reporting@moh.gov.kw  
Website: http://eservices.moh.gov.kw/SPCMS/DrugCmp.aspx

**Oman:**  
Tel: +968 - 2444 1999  
Fax: +968 - 24602287  
Email: pharma-vigil@moh.gov.om  
Website: www.moh.gov.om

**Other Countries:**  
Please contact the relevant competent authority

4.9 Overdose

The maximum daily single dose tested in humans is 1.5 mmol gadobutrol/kg body weight.  
No signs of intoxication from an overdose have so far been reported during clinical use.  
In case of inadvertent overdosage, cardiovascular monitoring (including ECG) and control of renal function is recommended as a measure of precaution.  
In case of overdose in patients with renal insufficiency, Gadovist can be removed by haemodialysis. After 3 haemodialysis sessions approx. 98% of the agent are removed from the body. However, there is no evidence that haemodialysis is suitable for prevention of nephrogenic systemic fibrosis (NSF).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Paramagnetic contrast media, ATC code: V08C A09  
Mechanism of action  
The contrast-enhancing effect is mediated by gadobutrol, the non-ionic complex consisting of gadolinium (III) and the macrocyclic ligand dihydroxy-hydroxymethylpropyl-tetraazacyclododecane-triacetic acid (butrol).  
Pharmacodynamic effects  
The relaxivity of gadobutrol as measured in vitro in human blood/ plasma under physiological conditions and at clinically relevant field strengths (1.5 and 3.0 T) is in the range of 3.47 to 4.97 L/mmol/s. The pronounced relaxivity of gadobutrol leads to shortening of the relaxation times of protons in tissue water at the clinically recommended dosages.

The stability of the gadobutrol complex was studied in vitro under physiological conditions (in native human serum at pH 7.4 and 37°C) over a period of 15 days. The quantities of gadolinium ions released from gadobutrol were below the determination limit of 0.1 mol % of the total quantity of gadolinium, demonstrating the high complex stability of gadobutrol under the conditions tested.

Clinical efficacy  
In a pivotal phase III liver study, average sensitivity in combined pre- and post-contrast MRI for Gadovist-treated patients was 79% and specificity was 81% for lesion detection and classification of suspected malignant liver lesions (patient-based analysis).  
In a pivotal phase III kidney study, average sensitivity was 91% (patient-based analysis) and 85% (lesion-based analysis) for classification of malignant and benign renal lesions. Average specificity in a patient-based analysis was 52% and in a lesion-based analysis 82 %.

The increase of sensitivity from pre-contrast to combined pre- and post-contrast MRI for Gadovist-treated patients was 33% in the liver study (patient-based analysis) and 18% in the kidney study (patient-based analysis as well as lesion-based analysis). The increase in specificity from pre-contrast to combined pre- and post-contrast MRI was 9% in the liver study (patient-based analysis) while there was no increase in specificity in the kidney study (patient-based analysis as well as lesion-based analysis).

All results are average results obtained in blinded reader studies.  
In a study designed as an intra-individual, crossover comparison, Gadovist was compared to gadoterate meglumine (both at 0.1 mmol/kg) in the visualization of cerebral neoplastic enhancing lesions in 132 patients.  
The primary efficacy endpoint was the overall preference for either Gadovist or gadoterate meglumine by the median blinded reader. Superiority of Gadovist was demonstrated by a p-value of 0.0004. In detail, a preference of Gadovist was given for 42 patients (32 %) compared to an overall preference for gadoterate meglumine for 16 patients (12 %). For 74 patients (56 %), no preference for one or the other contrast agent was given.

For the secondary variables, lesion-to-brain ratio was found to be statistically significantly higher for Gadovist (p < 0.0003). Percent of enhancement was higher with Gadovist compared to gadoterate meglumine, with a statistical significant difference for the blinded reader (p < 0.0003).

Contrast-to-noise ratio showed a higher mean value following Gadovist (129) compared to gadoterate meglumine (98). The difference was not statistically significant.

In a study designed as an intra-individual, crossover comparison, gadobutrol at a reduced dose of 0.075 mmol/kg was compared to gadoterate meglumine at its standard dose of 0.1 mmol/kg for contrast enhanced MRI of the CNS in 141 patients with enhancing CNS lesions on gadoterate meglumine enhanced MRI. The primary variables included lesion contrast enhancement, lesion morphology, and lesion border delineation. Images were analysed by three independent blinded readers. Noninferiority to gadoterate meglumine for the degree of improvement over unenhanced imaging was demonstrated for all three primary variables (at least 80% of effect retained) based on the average reader. The mean number of lesions detected by gadobutrol (2.14) and gadoterate (2.06) were similar.

Paediatric population

Two single-dose phase I/III studies in 138 paediatric subjects scheduled for CE-MRI of CNS, liver and kidneys or CE-MRA and in 44 subjects aged 0-<2 years (including term neonates) scheduled to undergo routine CE-MRI of any body region have been performed. Diagnostic efficacy and an increase in diagnostic confidence was demonstrated for all parameters evaluated in the studies and there was no difference among the paediatric age groups and when compared to adults. Gadovist was well tolerated in these studies with the same safety profile of gadobutrol as in adults.

Clinical safety

The nature and frequency of adverse drug reactions after administration of Gadovist in various indications was studied in a large-scale international prospective non-interventional study (GARDIAN). The safety population comprised 23,708 patients of all age groups, including children (n = 1,142; 4.8%) and elderly subjects (n = 4,330; 18.3% between 65 and <80 and n = 526; 2.2% aged ≥80 years). The median age was 51.9 years.

A total of 251 adverse events (AEs) occurred in 202 patients (0.9%), and 215 AEs that had occurred in 170 patients (0.7%) were classified as adverse drug reactions, of which the majority (97.7%) exhibited mild or moderate intensity.

The most frequently documented adverse reactions were nausea (0.3%), vomiting (0.1%) and dizziness (0.1%). The rate of adverse reactions was 0.9% in women and 0.6% in men. There was no difference in the rate of adverse reactions depending on the dose of gadobutrol. In four of the 170 patients with adverse reactions (0.02%), a serious adverse drug reaction occurred, with one adverse reaction (anaphylactic shock) in one patient leading to death.

In the paediatric patient population, adverse events were reported in 8 out of 1,142 (0.7%) of children. In six children, these were classified as adverse drug reactions (0.5%).

Renal dysfunction

In a prospective pharmaco-epidemiological study (GRIP) for assessment of the magnitude of the potential risk of developing NSF in patients with impaired renal function, 908 patients with renal impairment of different degrees of severity received Gadovist at the standard dose approved for CE-MRI.

All patients, including 234 patients with severe renal impairment (eGFR<30 mL/min/1.73 m2), who had not received any other contrast media containing gadolinium, were examined over a period of two years for signs and symptoms of NSF. No patient in this study developed NSF.

5.2 Pharmacokinetic properties

Distribution

After intravenous administration, gadobutrol is rapidly distributed in the extracellular space. Plasma protein binding is negligible. The pharmacokinetics of gadobutrol in humans are dose-proportional. After doses up to 0.4 mmol gadobutrol/kg BW (body weight), the plasma

level declines in a biphasic manner. At a dose of 0.1 mmol gadobutrol/kg BW, an average of 0.59 mmol gadobutrol/l plasma was measured 2 minutes after the injection and 0.3 mmol gadobutrol/l plasma 60 minutes post- injection.

Biotransformation

No metabolites are detected in plasma or urine.

Elimination

Within two hours more than 50 % and within 12 hours more than 90% of the given dose is eliminated via urine with a mean terminal half-life of 1.8 hours (1.3 – 2.1 hours), corresponding to the renal elimination rate. At a dose of 0.1 mmol gadobutrol/kg BW, an average of 100.3 ± 2.6% of the dose was excreted within 72 h after administration. In healthy persons, renal clearance of gadobutrol is 1.1 to 1.7 ml min<sup>-1</sup> kg<sup>-1</sup> and thus comparable to the renal clearance of inulin, pointing to the fact that gadobutrol is eliminated primarily by glomerular filtration. Less than 0.1% of the dose is eliminated via faeces.

Characteristics in special patient populations

Paediatric population

Pharmacokinetics of gadobutrol in paediatric population aged < 18 years and in adults are similar (see section 4.2).  
Two single-dose phase I/III studies in paediatric patients <18 years have been performed.

The pharmacokinetics were evaluated in 130 paediatric patients aged 2 -< 18 years and in 43 paediatric patients <2 years of age (including term neonates).

It was shown that the pharmacokinetic (PK) profile of gadobutrol in children of all ages is similar to that in adults resulting in similar values for area under the curve (AUC), body weight normalized plasma clearance (CL<sub>pw</sub>) and volume of distribution (V<sub>ss</sub>), as well as elimination half-life and excretion rate.

Approximately 99% (median value) of the dose was recovered in urine within 6 hours (this information was derived from the 2 to <18 year old age group).

Elderly (aged 65 years and above)

Due to physiological changes in renal function with age, in elderly healthy volunteers (aged 65 years and above) systemic exposure was increased by approximately 33% (men) and 54% (women) and terminal half-life by approximately 33% (men) and 58% (women). The plasma clearance is reduced by approximately 25% (men) and 35% (women) respectively. The recovery of the administered dose in urine was complete after 24 h in all volunteers and there was no difference between elderly and non-elderly healthy volunteers.

Renal impairment

In patients with impaired renal function, the serum half-life of gadobutrol is prolonged due to the reduced glomerular filtration. The mean terminal half-life was prolonged to 5.8 hours in moderately impaired patients (80>CL<sub>CR</sub>>30 ml/min) and further prolonged to 17.6 hours in severely impaired patients not on dialysis (CL<sub>CR</sub><30 ml/min). The mean serum clearance was reduced to 0.49 ml/min/kg in mild to moderately impaired patients (80>CL<sub>CR</sub>>30 ml/min) and to 0.16 ml/min/kg in severely impaired patients not on dialysis (CL<sub>CR</sub><30 ml/min). Complete recovery in the urine was seen in patients with mild or moderate renal impairment within 72 hours. In patients with severely impaired renal function about 80% of the administered dose was recovered in the urine within 5 days (see also sections 4.2 and 4.4).

In patients requiring dialysis, gadobutrol was almost completely removed from serum after the third dialysis.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated-dose toxicity and genotoxicity.

Repeated intravenous treatment in reproductive toxicology studies caused a retardation of embryonal development in rats and rabbits and an increase in embryoletality in rats, rabbits and monkeys at dose levels being 8 to 16 times (based on body surface area) or 25 to 50 times (based on body weight) above the diagnostic dose in humans. It is not known whether these effects can also be induced by a single administration. Single and repeat-dose toxicity studies in neonatal and juvenile rats did not reveal findings suggestive of a specific risk for use in children of all ages including term neonates and infants.

Radioactively labelled gadobutrol administered intravenously to lactating rats was transferred to the neonates via milk at less than 0.1% of the administered dose.

In rats, absorption after oral administration was found to be very small and amounted to about 5% based on the fraction of the dose excreted in urine.

In preclinical cardiovascular safety pharmacology studies, depending on the dose administered, transient increases in blood pressure and myocardial contractility were observed. These effects have not been observed in humans.

Environmental studies have shown that persistence and mobility of GBCAs indicates a potential for distribution in the water column and possibly into groundwater.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Calcobutrol sodium  
Trometamol  
Hydrochloric acid 1N (pH-adjustment)  
Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

36 months.

Shelf life after first opening of the container:

Any solution for injection not used in one examination must be discarded. Chemical, physical and microbiological in-use stability has been demonstrated for 24 hours at 20 - 25°C. From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user.

6.4 Special precautions for storage

Do not store above 30°C.

The product is intended for single use only.

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

6.5 Nature and contents of container

Colorless glass vial (type I glass), with a Stopper (chlorobutyl elastomer) and a pure aluminum with internal and external lacquer flanged cap containing 15ml solution for injection.

Pack sizes of:

1 and 10 vials with 15 ml solution for injection

Not all pack sizes may be marketed

6.6 Special precautions for disposal and other handling

Contrast medium not used in one examination must be discarded. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

The peel-off tracking label on the vials/bottles should be stuck onto the patient record to enable accurate recording of the gadolinium contrast agent used. The dose used should also be recorded. If electronic patient records are used, the name of the product, the batch number and the dose should be entered into the patient record.

7. MARKETING AUTHORISATION HOLDER

Bayer AG  
Kaiser-Wilhelm-Allee 1  
51368 Leverkusen, Germany.

MANUFACTURER

Bayer AG  
Müllerstrasse 178  
13353 Berlin, Germany.

8. DATE OF REVISION OF THE TEXT

July 2022

9. PRESCRIPTION/PHARMACY STATUS

Available on prescription only

This is a medicament

- A medicament is a product which affects your health and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed.
- Do not repeat the same prescription without consulting your doctor.

Keep medicament out of reach of children

Council of Arab Health Ministers  
Union of Arab Pharmacists

Bayer  
90910498