Use of Dexmedetomidine hydrochloride injection has been associated with the following adverse reactions:

5.5 Withdrawal

4. CONTRAINDICATIONS

Compatibility studies have demonstrated the potential for absorption of:

- Lactated Ringer’s solution
- Other crystalloid solutions

Dexmedetomidine hydrochloride injection dosing should be individualized and titrated to desired clinical response.

1.1 Procedural Sedation

For intravenous use.

DEXMEDETOMIDINE hydrochloride injection

Dexmedetomidine hydrochloride injection.

For Adult Procedural Sedation:

- Individualize and titrate Dexmedetomidine hydrochloride injection dosing to desired clinical effect. Blood pressure, heart rate, and respiratory rate should be monitored continuously.

7.2 Neuromuscular Blockers

For use in patients receiving neuromuscular-blocking agents, the usefulness of a concomitantly administered opioid agent, such as fentanyl, is uncertain. If a concomitantly administered opioid agent, such as fentanyl, is necessary for adequate analgesia, a continuous infusion of an opioid should be used at a dose that can be titrated to achieve a desired level of analgesia.

7 DRUG INTERACTIONS

5.5 Withdrawal

2.6 Compatibility with Natural Rubber

Clinical Studies (14.1)

Since Dexmedetomidine clearance decreases with increasing severity of hepatic disease, patients with moderate or severe hepatic impairment should receive lower initial doses and be more closely monitored for adverse reactions.

2 Sections or subsections omitted from the full prescribing information are not listed.

9 DRUG ABUSE AND DEPENDENCE

11 DESCRIPTION

17 PATIENT COUNSELING INFORMATION

The safety and effectiveness of Dexmedetomidine hydrochloride injection in children below the age of 17 years have not been established. The effects of administration of Dexmedetomidine hydrochloride injection on the ability to perform tasks requiring concentration, mental alertness, or motor skills may not be predicted in pediatric patients. Therefore, Dexmedetomidine hydrochloride injection should be administered with caution to pediatric patients. The administration of Dexmedetomidine hydrochloride injection to children may be associated with an increased risk of hypotension and bradycardia.

Table 1: Adverse Reactions Experienced During Post-approval Use of Dexmedetomidine hydrochloride injection

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Frequency</th>
</tr>
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<tbody>
<tr>
<td>Hypotension</td>
<td>3%</td>
</tr>
<tr>
<td>Bradycardia</td>
<td>3%</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>1%</td>
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<tr>
<td>Nausea</td>
<td>3%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1%</td>
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13.2 Animal Pharmacology and/or Toxicology

Reduction in dosage of Dexmedetomidine hydrochloride injection or the concomitant administration of a drug that has the potential for protein binding displacement of phenytoin, warfarin, ibuprofen, ketorolac, theophylline, digoxin and lidocaine was explored in rats. The effect of Dexmedetomidine hydrochloride injection on the pharmacokinetics of these drugs was not evaluated in any other species.

Table 3: Adverse Reactions Experienced During Post-approval Use of Dexmedetomidine hydrochloride injection

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Dexmedetomidine hydrochloride injection is indicated for short-term intravenous sedation. Dosage must be individualized and titrated to the desired clinical effect. Blood pressure, heart rate, and respiratory rate should be monitored continuously.

13.2 Animal Pharmacology and/or Toxicology

Reduction in dosage of Dexmedetomidine hydrochloride injection or the concomitant administration of a drug that has the potential for protein binding displacement of phenytoin, warfarin, ibuprofen, ketorolac, theophylline, digoxin and lidocaine was explored in rats. The effect of Dexmedetomidine hydrochloride injection on the pharmacokinetics of these drugs was not evaluated in any other species.

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</table>
Adverse reaction information is derived from the two trials for procedural sedation.

5.2 Hypotension, Bradycardia, and Sinus Arrest

Dexmedetomidine hydrochloride injection should be administered only by persons skilled in the management of patients in the operating room setting. Due to the known potential to augment bradycardia induced by vagal stimuli, clinicians should be prepared to manage bradycardia and hypotension.

4 CONTRAINDICATIONS

2.6 Compatibility with Natural Rubber

Dexmedetomidine hydrochloride injection has been shown to be incompatible when mixed with natural rubber products.

To prepare the infusion, withdraw 2 mL of Dexmedetomidine hydrochloride injection, and add to 48 mL of 0.9% sodium chloride injection to a total of 50 mL. Shake gently to dissolve any undissolved crystals.

Dosage reductions may need to be considered for patients with hepatic impairment.

For awake fiberoptic intubation in adult patients:

8.5 Geriatric Use

The safety of Dexmedetomidine during labor and delivery has not been studied. Prophylactic use of Dexmedetomidine in pregnant women is not recommended.

8 USE IN SPECIFIC POPULATIONS

13.1 Breastfeeding

Because many drugs are excreted in human milk, caution should be exercised when Dexmedetomidine hydrochloride injection is administered to a nursing woman.

13.2 Children

In clinical studies, there were no dose-related differences in the pharmacokinetics of Dexmedetomidine in children compared to adults. However, in adults, the elimination half-life of Dexmedetomidine increases with advancing age. Children may therefore require lower doses or shorter durations of treatment.

12 CLINICAL PHARMACOLOGY

12.2 Pharmacodynamics

Patients were allowed to receive rescue midazolam as needed to achieve and/or maintain a specified Ramsay sedation score.

Drug Interactions

The pharmacokinetics of Dexmedetomidine are altered by concomitant medications that affect hepatic and renal function. Propranolol, theophylline and digoxin were found to increase the clearance of Dexmedetomidine.

10 OVERDOSAGE

16.2 Overdosage

In a 71-year-old male patient, intubation could not be accomplished because of difficult laryngoscopy and hypoxia due to high oxygen demand. During the airway procedure, the systolic blood pressure fell to 50 mmHg, and he needed emergency volume resuscitation with 2 L of 6% hydroxyethyl starch and two blood units. The patient was successfully intubated, and the sedation was switched to propofol 6 mg/kg with a smooth transition. The patient was transferred to the intensive care unit (ICU) with hypotension (systolic blood pressure 50 mmHg, heart rate 56 bpm) and required three cycles of epinephrine boluses of 0.5 mg and volume resuscitation. While under propofol sedation, the patient was noted to have sinus bradycardia and a heart rate of 25 to 30 bpm. The patient was treated with atropine, an increase in propofol infusion rate, and volume resuscitation, and the patient’s heart rate increased to 70 to 80 bpm.

4.2 Pharmacoepidemiology

The eradication of clonidine-like withdrawal syndrome due to Dexmedetomidine was determined in a randomized, double-blind, placebo-controlled, single-center trial in which 42 adult patients received Dexmedetomidine. The results showed that the incidence of clonidine-like withdrawal syndrome was significantly lower in the Dexmedetomidine group compared to the placebo group.


dyspnea: 3%

Table 2: The most frequent adverse reactions were hypotension, bradycardia, and sinus arrest.

Due to the known potential to augment bradycardia induced by vagal stimuli, clinicians should be prepared to manage bradycardia and hypotension. Dexmedetomidine hydrochloride injection should be administered only by persons skilled in the management of patients in the operating room setting. Due to the known potential to augment bradycardia induced by vagal stimuli, clinicians should be prepared to manage bradycardia and hypotension.