得時高凍晶注射劑200公絲
Targocid 200 mg for Injection (I.M. I.V.)

本藥限由醫師使用
衛署藥輸字第021848號

【成份含量】
每小瓶含Teicoplanin 200公絲注射用凍晶粉末。
賦形劑：sodium chloride。

【適應症】
葡萄球菌感染所致之心內膜炎、骨髓炎、肺炎、敗血症、軟組織感染、膿疹、複狀桿菌感染所致之假膜性結腸炎。

【說明】
本品適用於革蘭氏陽性菌的嚴重感染，包括無法使用青黴素及頭孢菌素等抗生素之治療者。
本品適用於葡萄球菌重度感染而無法使用青黴素及頭孢菌素治療、或治療失敗、或對其他抗生素產生抗藥性時。
本品能有效治療皮膚及軟組織、泌尿道、下呼吸道、關節及骨骼感染、敗血症、心內膜炎及連續腹膜透析引起的腹膜炎。

【用法用量】
本品製備後可直接靜脈或肌肉注射。靜脈注射可以直接靜脈滴注或30分鐘輸注的方式投予。一般每日給藥一次，於嚴重感染時，於第一天治療時須投予第二劑，以使能更快速到所需的血清濃度。
若病具感受性菌感染時，大多數病人在治療48-72小時會觀現療效，療程依感染型態、嚴重度及臨床反應而定，若病心內膜炎和骨髓炎，建議至少治療三週以上。
治療時測定teicoplanin血清濃度有助於達到理想療效，嚴重感染時，最低血清濃度不可低於10mg/L。靜脈注射400mg，於1小時後測得最高血清濃度為20-50mg/L，以25mg/Kg的劑量靜脈注射時，最高血清濃度可達250mg/L。血清濃度和毒性的相關性尚未確立。

腎功能正常之成人及老人
預防：於麻醉誘導時單劑靜脈注射400mg。
中度感染：皮膚及軟組織感染、泌尿道感染、下呼吸道感染。
負荷劑量：第一天投予400mg，以單劑靜脈或肌肉注射給藥。
維持劑量：每天一次靜脈或肌肉注射200mg。
重度感染：關節及骨骼感染、敗血症、心內膜炎。
負荷劑量：每12小時靜脈注射400mg，共投予三劑。
維持劑量：每日一次靜脈或肌肉注射400mg。

注射200和400mg的標準劑量相當於每公斤體重投予3和6mg的平均劑量。病患體重超過85公斤時，建議以體重來計算所需的治療劑量：中度感染劑量為3mg/Kg，重度感染為6mg/Kg。某些感染的情況，如重度燒傷或金黃色葡萄球菌感染的心內膜炎，維持劑量可提高到12mg/Kg靜脈注射。

兒童
本品可用於2個月以上兒童的革蘭氏陽性菌感染。對於嚴重感染及嗜中性白血球減少症，建議劑量為每12小時投予10mg/Kg連續三劑後，改以每日一次靜脈或肌肉注射10mg/Kg。
中度感染的建議劑量為每12小時投予10mg/Kg連續三劑後，改以每日一次靜脈或肌肉注射6mg/Kg。
新生兒建議負荷劑量為16mg/Kg，再改以8mg/Kg每日投予一次。

連續腹膜透析
若發熱時，負荷劑量為單劑靜脈注射400mg，於第一週建議每次透析投予20mg/L，第二週時，隔次透析投予20mg/L，第三週時僅在隔日透析時投予20mg/L。

腎功能不全的成人及老人
腎功能不全患者於前三天的治療不需降低劑量，但需測定血清濃度以確認療效。

治療第四天起
輕度腎功能不全者：肌酸酐清除率40-60ml/min及血液透析病人，每日投予半量或以初劑量隔日投予。
嚴重腎功能不全者：肌酸酐清除率小於40ml/min及血液透析者，以初劑量每隔三日投予一次或減至三分之一的劑量每日投予。
Teicoplanin不會經由血液透析移除。

【禁忌症】
對本品有過敏往歷者。

【警語】
對vancomycin過敏者應小心使用，以免發生交叉過敏，但vancomycin所引起的紅人症(Red Man Syndrome)並非本品的禁忌症。
曾有報告指出本品會引起血小板減少症，尤其是用量超過建議劑量時，故治療期間建議定期作血液學檢查及肝腎功能檢查。

下列情形應進行連續的腎功能及聽力檢查：
- 延長治療時間的腎功能不全患者
- 併用或接著使用其他具神經毒性及/或腎毒性的藥品，包括aminoglycosides，colistin，amphotericin B，cyclosporin，cisplatin，frusemide及ethacrynic acid。
但並無資料顯示本品和這些藥品併用會增加其毒性。
腎功能不全患者應調整劑量（見【用法用量】）。

【注意事項】
重覆感染：如同其他抗生素，使用本品，尤其在延長治療時，可能導致非感受性菌的增殖，應重覆評估病患的狀態。若於治療期間發生重覆感染時，應採取適當的措施。

【藥物交互作用】
與其他可能具有腎毒性或耳毒性藥品併用或接著使用時應特別注意，特別是streptomycin，neomycin，kanamycin，gentamicin，amikacin，tobramycin，cephaloridine，colistin。
於臨床試驗中，已接受其他各種抗生素、降壓藥、麻醉劑、心臟用藥及降血糖藥治療的患者，使用本品並未見有不良的交互作用發生。
動物試驗中未見本品和diazepam，thiopentone，morphine，神經肌肉阻斷劑或halothane的交互作用。

【懷孕及授乳】
動物生殖研究，並未發現本品對生殖機能的影響或致畸形作用。
老鼠在大劑量下則曾出現死胎和新生兒死亡增加的現象，因此孕婦或欲懷孕的婦女或授乳婦，未經醫師衡量利弊得失時，應避免使用。目前仍無本品經乳汁分泌或通過胎盤的研究結果。

【對駕駛及機械操作的影響】
未見本品對駕駛或機械操作影響的報告。

【副作用】
本品耐受性良好，副作用發生時大多為輕微而短暫的，極少需要停藥，罕見嚴重副作用。已知副作用如下：
局部反應：紅斑，局部疼痛，血栓性靜脈炎，注射部位膿腫。
過敏：皮疹，搔癢，發熱，支氣管痙攣，過敏性反應，過敏性休克，僵硬，蕁麻疹，血管水腫。極少有脫落性皮膚炎，毒性表皮壞死，多形紅斑包括Stevens-Johnson 症候群。對於未曾使用本品的病患，於輸注時，曾經發生上肢紅斑或紅疱，再度使用本品時，減緩輸注速率或降低濃度，則未再發生。這些副作用和濃度或輸注速率均無關。
胃腸道：噁心，嘔吐，腹瀉。
血液：嗜伊紅性血球增多，白血球減少，血小板減少，血小板增生，嗜中性白血球減少，極少有可逆性的顆粒性白血球下降。
肝功能：血中transinase及/或alkaline phosphatase增加。
腎功能：暫時性血清肌酸酐上升，腎衰竭。
中樞神經系統：眩暈，頭痛。
聽力/前庭：輕微聽力減退，耳鳴及前庭功能失調。
其他：重覆感染（非感受性菌增殖）。

【過量】
本品並不能經由血液透析移除。過量的處理應採症狀療法。曾發生因給藥錯誤而對兩名4-8歲嗜中性白血球過少的病患每日投予100mg/Kg的嚴重給藥過量情形。僅管本品血漿濃度高達300mg/ml，仍未見任何症狀或異常檢驗值。

【藥效動態學】
本品屬殺菌性glycopeptide類抗生素，由Actinoplanes teichomyceticus發酵製成。對於革蘭氏陽性的好氧菌及厭氧菌均有效。
對本品具感受性菌(最低抑菌濃度（MIC）低於或等於16mg/L)：金黃色葡萄球菌，凝血酵素陰性葡萄球菌（對methicillin具感受性或抗藥性），鏈球菌，腸球菌，單核白血球增多性李士德菌(Listeria monocytogenes)，細球菌(micrococci)，Eikenella corrodens，JK群棒狀桿菌(group JK corynebacteria)，及包括Clostridium difficile和peptococci。
對本品具抗藥性菌種(最低抑菌濃度高於16mg/L)：星形放線菌(Nocardia asteroides)，乳酸桿菌屬(Lactobacillus spp)，白色念珠菌屬(Leuconostoc)和所有的革蘭氏陰性菌。

體外試驗證實本品與aminoglycosides併用，對D群鏈球菌和葡萄球菌有協同殺菌作用，和rifampicin或fluorinated quinolones併用時，也有增強或協同的作用。
體外試驗顯示突變不易導致抗藥性產生，在經過11-14代細菌暴露於抗生素後，才可能產生抗藥性。
本品和其他種類抗生素並不會產生交叉抗藥性。
使用本品可能導致其他非感受性菌的增殖。若在治療期間，發生新的細菌感染菌急劇增殖時，應採取適當措施。
感受性試驗：每個易感試驗片（sensidisc）含30mcg teicoplanin，當抑制環（inhibition zone）直徑大於或等於14mm時，為具感受性，小於或等於10mm時為具抗藥性。

【藥物動力學】
本品經注射後能快速進入組織包括皮膚、脂肪及骨骼，在腎、氣管、肺及腎上腺的濃度最高℃本品並不會很快進入腦脊髓液。
靜脈注射後，人類的血漿濃度呈雙相分佈（快速分佈，半衰期0.3小時，接著延遲分佈，半衰期3小時），然後緩慢排除(最終排除半衰期約150小時)。以6mg/Kg於0，12，24小時靜脈注射後，每24小時以30分鐘靜脈輸注，預計第4天會達到10mg/L的最低血清濃度(trough serum concentration)。在以3-6mg/Kg的劑量靜脈注射到達穩定狀態時，分佈體積為0.94-1.4L/Kg。兒童與成人的分佈體積差無差異。
大約90-95%teicoplanin會與血漿蛋白緩弱地結合，而且很快速地滲入血球滲出液、關節液及嗜中性血球而增強殺菌作用，但無法滲入紅血球。
Teicoplanin的代謝物尚未確認，本品97%以上以原藥排出體外。本品由血漿排除至體外的時間會延長，人類的末相半衰期(terminal half-life)約為150小時，主要經由尿液排出。

【臨床前安全性資料】
無

【不相容性】
本品和aminoglycosides不相容，注射前不可相混合。

【有效期限】
未開封可存放3年，製備後須在24小時內使用。

【儲存】
成品：凍晶粉末於25℃以下儲存。

製備溶液：
為符合優良藥品調劑規範，製備後應立即使用，未用完者應丟棄，但某些情況無法立即使用時，應於2-8℃保存，24小時後則應丟棄。
不可將藥抽出置於注射針筒內保存。

【包裝材質】
無色、BP、Type I玻璃小瓶，橡膠瓶塞，鋁片封口，覆以黃色塑膠蓋。
每盒1小瓶裝。

【使用說明】
製備時，將整安瓿注射用水應緩慢加入小瓶中，輕輕轉動小瓶直至粉末完全溶解為止，並小心避免泡沫的產生。若產生泡沫時，可靜置約15分鐘待泡沫消除。
每小瓶均可充填多份的量，因此依前述方法製備後，以注射針筒將小瓶中的溶液抽出時，應可獲得足量的藥品，200公絲小瓶濃度為200mg/3ml。

製備後的溶液可直接注射，或以下列製劑稀釋使用：
- 0.9% Sodium Chloride注射液
- Compound Sodium Lactate注射液（Ringer-Lactate Solution，Hartmanns Solution）
- 5% Dextrose注射液
- 0.18% Sodium Chloride和4% Dextrose注射液
- 含1.36%或3.86% Dextrose的腹膜透析液

製造廠：Gruppo Lepetit S.P.A.
廠　址：Localita Valcanello Casello Postale N46 03012 Anagni (Frosinone), Italy

藥　商：賽諾菲安萬特股份有限公司
地　址：台北市複興北路337號12，13，14樓

ref. Targocid UK SPC 2001

tar(200)9503
890163611

TARGOCID® 200 mg
TARGOCID® 400 mg

Teicoplanin

For Injection
(I.V.I.M.)

sanofi aventis

1. Trade Name of the Medicinal Product: Targocid 200mg - Targocid 400mg

2. Qualitative and Quantitative Composition: Teicoplanin 200mg - Teicoplanin 400mg

3. Pharmaceutical Form: Powder for Injection

4. Clinical Particulars

4.1 Therapeutic Indications - Targocid is indicated in potentially serious Gram-positive infections including those which cannot be treated with other antimicrobial drugs, eg. penicillins and cephalosporins.

Targocid is useful in the therapy of serious staphylococcal infections in patients who cannot receive or who have failed to respond to the penicillins and cephalosporins, or who have infections with staphylococci resistant to other antibiotics.

The effectiveness of teicoplanin has been documented in the following infections:-

Skin and soft tissue infections, urinary tract infections, lower respiratory tract infections, joint and bone infections, septicaemia, endocarditis and peritonitis related to continuous ambulatory peritoneal dialysis.

Targocid may be used for antimicrobial prophylaxis in orthopaedic surgery at risk of Gram-positive infection.

4.2 Posology and Method of Administration

Administration - The reconstituted Targocid injection may be administered directly either intravenously or intramuscularly. The intravenous injection may be administered either as a bolus or as a 30 minute infusion. Dosage is usually once daily but, in cases of severe infection, a second injection should be administered on the first day in order to reach more rapidly the required serum concentrations.

The majority of patients with infections caused by organisms sensitive to the antibiotic show a therapeutic response within 48-72 hours. The total duration of therapy is determined by the type and severity of the infection and the clinical response of the patient. In endocarditis and osteomyelitis, treatment for three weeks or longer is recommended.

Determination of teicoplanin serum concentrations may optimise therapy. In severe infections, trough serum concentrations should not be less than 10mg/L. Peak concentrations measured one hour after a 400mg intravenous dose are usually in the range of 20-50mg/L; peak serum concentrations of up to 250mg/L have been reported after intravenous doses of 25mg/kg. A relationship between serum concentration and toxicity has not been established.

Therapeutic dosage:

Adult or elderly patients with normal renal function

Prophylaxis: 400mg intravenously as a single dose at induction of anaesthesia

Moderate infections: Skin and soft tissue infection, urinary tract infection, lower respiratory tract infection

Loading dose: One single i.v. or i.m. injection of 400mg on the first day
Maintenance dose: A single i.v. or i.m. injection of 200mg daily

Severe infections: Joint and bone infection, septicaemia, endocarditis

Loading dose: Three 400mg i.v. injections, administered 12 hours apart
Maintenance dose: A single i.v. or i.m. injection of 400mg daily

1. Standard doses of 200 and 400mg equate respectively to mean doses of 3 and 6mg/kg. In patients weighing more than 85kg it is recommended to adapt the dosage to the weight following the same therapeutic schedule: moderate infection 3mg/kg, severe infection 6mg/kg.

2. In some clinical situations, such as infected, severely burned patients or Staphylococcus aureus endocarditis, unit maintenance doses of up to 12mg/kg have been administered (intravenously).

Children

Teicoplanin can be used to treat Gram-positive infections in children from the age of 2 months. For severe infections and neutropenic patients the recommended dose is 10mg/kg every 12 hours for the first three doses; thereafter a dose of 10mg/kg should be administered by either intravenous or intramuscular injection as a single dose each day.

For moderate infections the recommended dose is 10mg/kg every twelve hours for the first three doses; thereafter a dose of 6mg/kg should be administered by either intravenous or intramuscular injection as a single dose each day.

The recommended dosage regimen for neonates is a loading dose of 16mg/kg followed by a daily dose of 8mg/kg.

In continuous ambulatory peritoneal dialysis

After a single loading IV dose of 400mg if the patient is febrile, the recommended dosage is 20mg/L per bag in the first week; 20mg/L in alternate bags in the second week and 20mg/L in the overnight dwell bag only during the third week.

Adults and elderly patients with renal insufficiency

For patients with impaired renal function, reduction of dosage is not required until the fourth day of Targocid treatment. Measurement of the serum concentration of teicoplanin may optimise therapy (see section "Administration").

From the fourth day of treatment:

in mild renal insufficiency: creatinine clearance between 40 and 60ml/min, Targocid dose should be halved, either by administering the initial unit dose every two days, or by administering half of this dose once a day.

in severe renal insufficiency: creatinine clearance less than 40ml/min and in haemodialysed patients, Targocid dose should be one third of the normal either by administering the initial unit dose every third day, or by administering one third of this dose once a day. Teicoplanin is not removed by dialysis.

4.3 Contra-Indications - Teicoplanin is contra-indicated in patients who have exhibited previous hypersensitivity to the drug.

4.4 Special Warnings and Special Precautions for Use

Warnings: Targocid should be administered with caution in patients known to be hypersensitive to vancomycin since cross hypersensitivity may occur. However, a history of the "Red Man Syndrome" that can occur with vancomycin is not a contra-indication to Targocid.

Thrombocytopenia has been reported with teicoplanin, especially at higher doses than those usually recommended. It is advisable for periodic haematological studies to be performed during treatment.

Liver and renal function tests are advised during treatment.

Serial renal and auditory function tests should be undertaken in the following circumstances:

- Prolonged treatment in patients with renal insufficiency.
- Concurrent and sequential use of other drugs which may have neurotoxic and/or nephrotoxic properties. These include aminoglycosides, colistin, amphotericin B, cyclosporin, cisplatin, frusemide and ethacrynic acid.

However, there is no evidence of synergistic toxicity with combinations with Targocid.

Dosage must be adapted in patients with renal impairment (see "Dosage").

Precautions: Superinfection: as with other antibiotics, the use of teicoplanin, especially if prolonged, may result in overgrowth of non-susceptible organisms. Repeated evaluation of the patients condition is essential. If superinfection occurs during therapy, appropriate measures should be taken.

4.5 Interaction With Other Medicaments and Other Forms of Interaction - Targocid should be used with care in conjunction with or sequentially with other drugs with known nephrotoxic or ototoxic potential. Of particular concern are streptomycin, neomycin, kanamycin, gentamicin, amikacin, tobramycin, cephaloridine, colistin.

In clinical trials teicoplanin has been administered to many patients already receiving various medications including other antibiotics, antihypertensives, anaesthetic agents, cardiac drugs and antidiabetic agents without evidence of adverse interaction.

Animal studies have shown lack of interaction with diazepam, thiopentone, morphine, neuromuscular blocking agents or halothane.

4.6 Pregnancy and Lactation - Animal reproduction studies have not shown evidence of impairment of fertility or teratogenic effect. At high doses in rats there was an increased incidence of stillbirths and neonatal mortality. It is recommended that Targocid should not be used during confirmed or presumed pregnancy or during lactation unless a physician considers that the potential benefits outweigh a possible risk. There is no information about the excretion of teicoplanin in milk or placental transfer of the drug.

4.7 Effects on Ability to Drive and Use Machines - There is no indication to suggest an effect of teicoplanin on a patient's ability to drive or use machinery.

4.8 Undesirable Effects - Targocid is generally well tolerated. Side-effects rarely require cessation of therapy and are generally mild and transient: serious side-effects are rare. The following adverse events have been reported:

Local reactions: erythema, local pain, thrombophlebitis, injection site abscess.

Hypersensitivity: rash, pruritis, fever, bronchospasm, anaphylactic reactions, anaphylactic shock, rigors, urticaria, angioedema, rare reports of exfolative dermatitis, toxic epidermal necrolysis, rare cases of erythema multiforme including Stevens-Johnson Syndrome. In addition, infusion-related events, such as erythema or flushing of the upper body, have been rarely reported in which the events occurred without a history of previous teicoplanin exposure and did not recur on re-exposure when the infusion rate was slowed and/or concentration decreased. These events were not specific to any concentration or rate of infusion.

Gastric-intestinal: nausea, vomiting, diarrhoea.

Blood: eosinophilia, leucopenia, thrombocytopenia, thrombocytosis, neutropenia, rare cases of reversible agranulocytosis.

Liver function: increases in serum transaminases and/or serum alkaline phosphatase.

Renal function: transient elevations of serum creatinine, renal failure.

Central nervous system: dizziness, headache.

Auditory/vestibular: mild hearing loss, tinnitus and vestibular disorder.

Other: Superinfection (overgrowth of non-susceptible organisms).

4.9 Overdose - Teicoplanin is not removed by haemodialysis. Treatment of overdosage should be symptomatic. Several overdoses of 100mg/kg/day have been administered in error to two neutropenic patients aged 4 and 8 years. Despite high plasma concentrations of teicoplanin up to 300mg/ml there were no symptoms or laboratory abnormalities.

5. Pharmacological Properties

5.1 Pharmacodynamic Properties - Teicoplanin is a bactericidal, glycopeptide antibiotic, produced by fermentation of Actinoplanes teichomyceticus. It is active against both aerobic and anaerobic Gram-positive bacteria.

Species usually sensitive (MIC less than or equal to 16mg/1): Staphylococcus aureus and coagulase negative staphylococci (sensitive or resistant to methicillin), streptococci, enterococci, Listeria monocytogenes, micrococci, Eikenella corrodens, group JK corynebacteria and Gram-positive anaerobes including Clostridium difficile, and peptococci.

Species usually resistant (MIC superior to 16mg/1): Nocardia asteroides, Lactobacillus spp, Leuconostoc and all Gram-negative bacteria.

Bactericidal synergy has been demonstrated in vitro with aminoglycosides against group D streptococci and staphylococci. In vitro combinations of teicoplanin with rifampicin or fluorinated quinolones show primarily additive effects and sometimes synergy.

One-step resistance to teicoplanin could not be obtained in vitro and multi-step resistance was only reached in vitro after 11-14 passages.

Teicoplanin does not show cross-resistance with other classes of antibiotics.

The use of teicoplanin may result in overgrowth of non-susceptible organisms. If new infections due to bacteria or fungi appear during treatment appropriate measures should be taken.

Susceptibility testing: Sensidiscs are charged with 30 micrograms of teicoplanin. Strains showing an inhibition zone diameter of 14mm or more are susceptible and those of 10mm or less are resistant.

5.2 Pharmacokinetic Properties - Following injection teicoplanin rapidly penetrates into tissues, including skin, fat and bones and reaches the highest concentrations in the kidney, trachea, lungs and adrenals. Teicoplanin does not readily penetrate into the cerebro-spinal fluid (CSF).

In man the plasma level profile after intravenous administration indicates a biphasic distribution (with a rapid distribution phase having a half-life of about 0.3 hours, followed by a more prolonged distribution phase having a half-life of about 3 hours), followed by slow elimination (with a terminal elimination half-life of about 150 hours). At 6mg/kg administered intravenously at 0, 12, 24 hours and every 24 hours thereafter as a 30 minute infusion, a predicted trough serum concentration of 10mg/L would be reached by Day 4. The steady state volume of distribution after 3 to 6mg/kg intravenously ranges from 0.94 L/kg to 1.4 L/kg. The volume of distribution in children is not substantially different from that in adults.

Approximately 90-95% teicoplanin is bound with weak affinity to plasma proteins. Teicoplanin penetrates readily into blister exudates and into joint fluid; it penetrates neutrophils and enhances their bactericidal activity; it does not penetrate red blood cells.

No metabolites of teicoplanin have been identified; more than 97% of the administered teicoplanin is excreted unchanged. The elimination of teicoplanin from the plasma is prolonged with a terminal half-life of elimination in man of about 150 hours. Teicoplanin is excreted mainly in the urine.

5.3 Preclinical Safety Data - Not Applicable

6. Pharmaceutical Particulars

6.1 List of Excipients - Sodium chloride

6.2 Incompatibilities - Solutions of teicoplanin and aminoglycosides are incompatible when mixed directly and should not be mixed before injection.

6.3 Shelf-life - 3 years unopened.
24 hours after reconstitution.

6.4 Special Precautions for Storage - Finished Product:
Vials of dry Targocid should not be stored above 25°C.
Reconstituted Product: In keeping with good clinical pharmaceutical practise reconstituted vials of Targocid should be used immediately and any unused portion discarded. On the few occasions when changing circumstances make this impractical reconstituted solutions should be kept at 2 - 8°C and discarded within 24 hours. Do not store in a syringe.

6.5 Nature and Contents of Container - Colourless, BP, Type I glass vials, closed with a butyl rubber plug and combination aluminium/plastic "flip-off cap" (colour coded yellow).
Pack size: 1 vial

6.6 Instructions for Use/Handling - Preparation of Injection
The entire contents of the water ampoule should be slowly added to the vial of Targocid and the vial rolled gently until the powder is completely dissolved, taking care to avoid formation of foam. If the solution does become foamy then allow to stand for about 15 minutes for the foam to subside. A calculated excess is included in each vial of Targocid so that, when prepared as described above, a full dose of 100mg, 200mg or 400mg (depending on the strength of the vial) will be obtained if all the reconstituted solution is withdrawn from the vial by a syringe. The concentration of teicoplanin in these injections will be 100mg in 1.5ml (from the 100mg and 200mg vials) and 400mg in 3ml (from the 400mg vial).
The reconstituted solution may be injected directly, or alternatively diluted with:

- 0.9% Sodium Chloride Injection
- Compound Sodium Lactate Injection (Ringer-Lactate Solution, Hartmanns Solution)
- 5% Dextrose Injection
- 0.18% Sodium Chloride and 4% Dextrose Injection
- Peritoneal dialysis solution containing 1.36% or 3.86% Dextrose.

7. Marketing Authorisation Holder
Aventis Pharma Limited - 50 Kings Hill Avenue - Kings Hill - West Malling - Kent - ME19 4AH

8. Manufacturer
Gruppo Lepetit S.p.A., Loc. Valcanello - Casella Postale N. 46 - 03012 Anagni (Frosinone), Italy

9. Marketing Authorisation Number
TARGOCID 200MG: PL 04425/0088 - TARGOCID 400MG: PL 04425/0089 - WATER FOR INJECTIONS PL 04425/0090

10. Date of First Authorisation/Renewal of Authorisation: 2 AUGUST 1989/7 MARCH 2001

11. Date of (Partial) Revision of the Text: JULY 2001

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