NOOTROPIL®

QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet of *NOOTROPIL*® 800 mg contains 800 mg of piracetam.
Each ml of *NOOTROPIL*® oral solution contains 200mg of piracetam.
Each ml of *NOOTROPIL*® solution for injection contains 200 mg of piracetam.

- 5ml injectable ampoule contains 1 g of piracetam.
- 60 ml infusion contains 12 g of piracetam.

PHARMACEUTICAL FORM

NOOTROPIL® 800 mg film-coated tablet: white, oblong, film-coated tablet, with a bisect line, marked N/N.
NOOTROPIL® 200 mg/ml oral solution: clear colourless solution.
NOOTROPIL® 1g/5ml ampoule and 12g/60 ml infusion: clear colourless solution.

CLINICAL PARTICULARS

Indications

1. *NOOTROPIL*® is recommended for the symptomatic improvement of memory and intellectual impairment of a pathological nature in the absence of a diagnosis of dementia.
2. Studies have shown some improvement in children with learning difficulties associated with the written word, particularly with textual understanding which cannot be explained by intellectual backwardness, inadequate education or by the family environment. The administration of *NOOTROPIL*® does not replace other measures also well adapted to correct these learning difficulties, such as remedial teaching.
3. *NOOTROPIL*® can reduce myoclonus of cortical origin in some patients. In order to test the sensitivity to piracetam, trial treatment can therefore be instituted for a limited period.

Dosage and Administration

Impairment of memory and/or intellectual functions:
Initial treatment: 4.8 g per day in several intakes during the first weeks of the treatment; then maintenance treatment of 2.4 g per daily in two or three divided doses, eventually reducing 1.2 g daily.
In the treatment of myoclonus of cortical origin, the initial dose is 24 g of *NOOTROPIL* per 24 hours for 3 days. If the response on the third day is weak or absent, the administration of 24 g of *NOOTROPIL*® should be continued up to the seventh day. If there is still no response or it is inadequate, treatment should be discontinued on the seventh day. From the day when the dose of 24 g has shown to be active, it should be decreased by 1.2 g every 2 days until myoclonus reappears.
This will enable to determine the mean active dose.
The daily dose of *NOOTROPIL*® should be divided into 2 or 3 single doses. Treatment with other anti-myoclonic drugs should then be maintained using the same dosage. Depending on the clinical benefit obtained, the dose of the other anti-myoclonic drugs should then be reduced, if possible.
Once started, treatment with *NOOTROPIL*® must be maintained as long as the original cerebral disorder persists.
Nevertheless, every 6 months it should be attempted to reduce or discontinue treatment with the drug. Treatment should be discontinued gradually, by reducing the dose of *NOOTROPIL* by 1.2 g every 2 days to prevent a sudden recrudescence of the disease.
The injectable form should be used if there is no possibility of oral administration. Intravenous injection should be given over several minutes; the infusion of the daily recommended dose should be given in a continuous manner over a period of 24 hours.
Children with learning difficulties: In the treatment of 8 to 13 year-old children with learning difficulties, *NOOTROPIL*® is given at a total dose of 3.3 g daily.
This is administered either as 8 ml of a 20 % solution or 5 ml of a 33 % solution twice a day i.e. before breakfast and before the evening meal.
The medication may be more easily accepted if given in fruit juice, or in some other drink.
Treatment should be continued throughout the school year. The efficacy of a longer period of treatment has not yet been investigated.

Adjustment of the dose is recommended in elderly patients with compromised renal function *(see Warnings and Precautions; Renal impairment)*.

Contraindications

NOOTROPIL® is contraindicated in:

- Hypersensitivity to piracetam or other pyrrolidone derivatives or any of the excipients.
- Patients with cerebral haemorrhage.
- Patients suffering from Huntington's Chorea
- End stage renal disease patients (renal creatinine clearance of less than 20ml per minute).

Warnings and Precautions

Effects on platelet aggregation

Due to the platelet antiaggregant effect of *NOOTROPIL*®, caution is recommended in patients with severe haemorrhage, patients at risk of bleeding such as gastrointestinal ulcer, patients with underlying disorders of haemostasis, patients with a history of haemorrhagic CVA, patients undergoing major surgery including dental surgery, and patients using anticoagulants or platelet antiaggregant drugs including low dose aspirin

Renal insufficiency

NOOTROPIL® is eliminated via kidneys and care should thus be taken in cases of renal insufficiency.

Elderly

For long-term treatment in the elderly, regular evaluation of the creatinine clearance is required to allow dosage adaptation if needed.

Discontinuation

Abrupt discontinuation of treatment should be avoided in myoclonic patients as this may induce myoclonic or generalised seizures.

Sickle cell vaso-occlusive crises

For sickle cell indication, a dose lower than 160 mg/kg/day or irregular intake may result in relapse of crises.

Huntington's Disease

When administering high doses of *NOOTROPIL*® to patients with Huntington's Disease a slight deterioration of spontaneous movements was observed.

Warnings related to the excipients:

- Mannitol (E421): May have a mild laxative effect from an intake of 6.5 g piracetam or more, daily.
- Aspartame (E951): Contains a source of phenylalanine equivalent to 50 mg for a dose of 2.4 g piracetam. May be harmful for people with phenylketonuria.
- Methyl parahydroxybenzoate and propylparahydroxybenzoate: May cause allergic reactions (possibly delayed) *(see Section Adverse Reactions)*.
- Glycerol: May cause headache, stomach upset and diarrhea *(see Section Adverse Reactions).*
- Sodium:

NOOTROPIL® 800 mg film-coated tablets: This product contains about 2 mmol (or about 46 mg) sodium per 24 g piracetam. *NOOTROPIL*® 200mg/ml oral solution (bottle and ampoule): This product contains about 3.5 mmol (or about 80.5 mg) sodium per 24 g piracetam. *NOOTROPIL*® 1g/5ml solution for injection: This product contains less than 1 mmol (23 mg) sodium per 24 g piracetam.
NOOTROPIL® 12g/60ml solution for infusion: This product contains about 19 mmol (or about 445 mg) sodium per 24 g piracetam. To be taken into consideration by patients on a controlled sodium diet.

Renal impairment

The daily dose must be individualised according to renal function. Refer to the following table and adjust the dose as indicated. To use this dosing table, an estimate of the patient's creatinine clearance (Clcr) in ml/min is needed. The Clcr in ml/min may be estimated from serum creatinine (mg/dl) determination using the following formula:

Clcr = [140 – age (*years*)] x weight (*kg*) (x 0.85 for women)

72 x serum creatinine (*mg/dl*)
For this reason, the daily dose will be changed according to the table below:

Group	Creatinine Clearance (ml/min)	Posology and frequency
Normal	>80	Usual daily dose, 2 to 4 sub-doses
Mild	50-79	2/3 usual daily dose, 2 or 3 sub-doses
Moderate	30-49	1/3 usual daily dose, 2 sub-doses
Severe	<30	1/6 usual daily dose, 1 single intake
End Stage Renal Disease	--	contraindicated

Interactions

Thyroid hormones

Confusion, irritability and sleep disorder have been reported during concomitant treatment with thyroid extract (T3 + T4).
Acenocoumarol

In a published single-blind study on patients with severe recurrent venous thrombosis, piracetam 9.6 g/d did not modify the dose of acenocoumarol necessary to reach INR 2.5 to 3.5, but compared with the effects of acenocoumarol alone, the addition of piracetam 9.6 g/d significantly decreased platelet aggregation, β-thromboglobulin release, levels of fibrinogen and von Willebrand's factors (VIII:C; VIII:vW:Ag; VIII:vW:RCo) and whole blood and plasma viscosity.

Pharmacokinetic interactions

The drug interaction potential resulting in changes of piracetam pharmacokinetics is expected to be low because approximately 90% of the dose of piracetam is excreted in the urine as unchanged drug.

In vitro, piracetam does not inhibit the major human liver cytochrome P450 isoforms (CYP 1A2, 2B6, 2C8, 2C9, 2C19, 2D6, 2E1and 4A9/11) at concentrations of 142, 426 and 1422 mcg/ml. At 1422 mcg/ml, minor inhibitory effects on CYP 2A6 (21%) and 3A4/5 (11%) were observed. However, the K_i values for inhibition of these two CYP isoforms are likely to be well in excess of 1422 µg/ml. Therefore, metabolic interaction of piracetam with other drugs is unlikely.

Antiepileptic drugs

A 20 g daily dose of piracetam over 4 weeks did not modify the peak and trough serum levels of antiepileptic drugs (carbamazepine, phenytoin, phenobarbitone, valproate) in epileptic patients who were receiving stable doses.

Alcohol

Concomitant administration of alcohol had no effect on piracetam serum levels and alcohol levels were not modified by a 1.6 g oral dose of piracetam.

Pregnancy and Lactation
Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal / foetal development, parturition or post-natal development. There are no adequate data from the use of *NOOTROPIL*® in pregnant women. Piracetam crosses the placental barrier.
Drug levels in the newborn are approximately 70% to 90% of maternal levels. *NOOTROPIL*® should not be used during pregnancy unless clearly necessary when benefit exceeds the risks and the clinical condition of the pregnant mother requires treatment with piracetam.
Piracetam is excreted in human breast milk. Therefore, *NOOTROPIL*® should not be used during breastfeeding or breastfeeding should be discontinued, while receiving treatment with piracetam. A decision must be made whether to discontinue breast-feeding or to discontinue piracetam therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Ability to perform tasks that require judgement, motor or cognitive skills
Given the adverse events observed with the drug, an influence on driving and using machines is possible and should be taken into account.

Adverse Reactions
Clinical Studies
Double-blind placebo-controlled clinical or pharmacoclinical trials, of which quantified safety data are available (extracted from the UCB Documentation Data Bank on June 1997), included more than 3000 subjects receiving *NOOTROPIL*®, regardless of indication, dosage form, daily dosage or population characteristics.

Adverse reactions are ranked under headings of frequency using the following convention:

Very common ≥1/10

Common ≥1/100 to <1/10

Uncommon ≥1/1000 to <1/100

Rare ≥1/10000 to <1/1000

Very rare <1/10000

Not known (cannot be estimated from the available data).

Blood and lymphatic system disorders

Not known: haemorrhagic disorder

Immune system disorders

Not known: anaphylactoid reaction, hypersensitivity

Psychiatric disorders

Common: nervousness

Uncommon: depression

Not known: agitation, anxiety, confusion, hallucination

Nervous system disorders

Common: hyperkinesia

Uncommon: somnolence

Not known: ataxia, balance disorder, epilepsy aggravated, headache, insomnia

Ear and labyrinth disorders

Not known: vertigo

Vascular disorders

Rare: thrombophlebitis (only for injectable form), hypotension (only for injectable form)

Gastrointestinal disorders

Not known: abdominal pain, abdominal pain upper, diarrhoea, nausea, vomiting

Skin and subcutaneous tissue disorders

Not known: angioneurotic oedema, dermatitis, pruritus, urticaria

General disorders and administration site conditions

Uncommon: asthenia

Rare: pyrexia (only for injectable form), injection site pain (only for injectable form)

Investigations

Common: weight increased

Overdosage

Symptoms

One case of bloody diarrhea with abdominal pain, associated with the oral intake of 75 g piracetam daily, was most probably related to the extreme high dose of sorbitol contained in the used formulation.
No other case was reported that would point to additional adverse events specifically related to an overdose.

Treatment

In acute, significant overdose, the stomach may be emptied by induction of emesis. There is no specific antidote. Treatment for an overdose will be a symptomatic treatment and may include hemodialysis. The extraction efficiency of the dialyser is 50 to 60% for piracetam.

PHARMACEUTICAL PARTICULARS

Excipients

NOOTROPIL®, 800 mg, film-coated tablet

Macrogol 6000, Colloidal anhydrous silica, Magnesium stearate, Sodium croscarmellose, Hydroxypropylmethylcellulose, Titanium dioxyde (E171), Macrogol 400

Piracetam, 200 mg/ml, oral solution

Glycerol (85%), Saccharin sodium, Apricot flavour, Caramel flavour, Methyl parahydroxybenzoate, Propyl parahydroxybenzoate, Sodium acetate, Glacial acetic acid, Purified water

Piracetam, 1 g/5 ml, solution for injection

Sodium acetate, Glacial acetic acid, Water for injection

Piracetam, 12 g/60 ml, solution for infusion

Sodium acetate, Glacial acetic acid, Sodium chloride, Water for injection

Incompatibilities

None known

Storage Conditions
Store as directed on the outer package.

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腦康素®

成分每片800毫克*腦康素*® 藥片含800毫克piracetam。
每毫升*腦康素*® 口服液含200毫克 piracetam。
每毫升*腦康素*® 注射液含200毫克 piracetam。

- 5毫升注射液含1克 piracetam。
- 60毫升輸注液含12克 piracetam。

劑型
腦康素® 800毫克藥片：白色橢圓形包衣藥片，中間有平分線，並有N/N 標記。
腦康素® 200 毫克/ 毫升口服液：清澈無色溶液。
腦康素® 1克/ 5毫升針劑及12 克/ 60毫升輸注劑：清澈無色溶液。

臨床特性
適應症
1. *腦康素*® 建議用於改善記憶與腦部功能受損 ，但未被診斷為老人癡呆症的患者之病理徵狀。
2. 研究顯示能對文字書寫有學習障礙的兒童之狀況有些改善，特別是不能以智力遲鈍、欠缺教育或家庭環境等因素解釋的文字認知困難。使用*腦康素*® 並不能代替其他如矯正教學法等經特別適應以矯正這種學習障礙的方法。
3. *腦康素*®能減少部份病人的皮質性陣發性抽搐。可以限定時間進行測試治療以測試病人對 piracetam 的敏感性。

劑量與用法：
腦部功能及記憶障礙的病患：在治療最初數週，每日劑量為4.8克，分數次服用；維持劑量則每日劑量為2.4克，每日分二至三次服用，續漸減至每日1.2克。治療皮質性陣發性抽搐：在治療首三天的初始劑量為每24小時服用24克。按第三天對藥物的反應調整服用的劑量：若第三天的對藥物沒有反應或反應微弱，每日保持服用24克，直到治療的第七天。若在治療的第七天對藥物仍沒有反應或反應不足，治療該當日停止。當患者對每日24克的劑量出現有效的反應時，服用劑量則按照每兩天減少1.2克，直到陣發性抽搐重現來確定對患者最有效的劑量。每日服用*腦康素*®的劑量應分二至三次服用。同時服用其它針對治療皮質性陣發性抽搐的藥物亦應保持相同藥量。視乎同時服用其它針對治療皮質性陣發性抽搐的藥物服用者的臨床效益，應盡可能減少其它藥物的劑量。

開始療程後，必須按腦部功能障礙的持續性而繼續服用*腦康素*®。
每六個月應嘗試減少藥量或停藥。為避免驟然復發或因斷除引起發作，療程需逐步或分階段中止，每兩天減1.2克藥量。

如果服用者不能口服藥物，該改用注射劑。以靜脈注射需時數分鐘；以輸注方式則需以長達24小時無間斷地輸入每日建議劑量。

兒童學習障礙：治療8歲到13歲患有學習障礙的兒童，*腦康素*®每日劑量為3.3克，可選擇服用8毫升20% 溶液或服用5毫升33% 溶液，每日分兩次服用(早餐前及晚飯前)。藥物若隨果汁或其它飲料送服可能比較容易接受。 服用者需於整學年內持續療程。對於更長時間的療程功效則尚未有研究。
對於腎功能受損之年長病人，建議調整劑量 (見*警告與注意事項；腎功能受損*)。

禁忌症

以下人士請勿服用*腦康素*®：

- 對piracetam、其他pyrrolidone 衍生物或任何其他輔藥過敏的病人。
- 腦出血病人。

- Huntington’ s Chorea 病人
- 末期腎病病人 (腎臟肌酸酐清除率低於每分鐘20毫升)。

警告與注意事項

對血小板凝集的影響
由於*腦康素*®會阻礙血小板凝集，對於患有嚴重出血、患有胃腸潰瘍等有出血風險、有潛在止血異常、曾發生出血性腦血管事件、正進行包括牙科手術在內的大型手術，及正使用包括低劑量阿士匹靈在內的抗凝血藥或血小板凝集抑制藥物的病人，建議應加倍小心。

腎功能不全

由於*腦康素*®經由腎臟排泄，對腎功能不全的病人應特別小心。

年長病人

對於長期接受治療的年長病人，需定期評估病人之腎臟肌酸酐清除率，以在有需要時調節藥物劑量。

停藥

對於陣發性抽搐病人，應避免突然中止藥物治療，否則可能導致肌躍型抽搐或全身抽搐。

鐮狀細胞血管阻塞危機

對於鐮狀細胞症狀，低於每日每公斤體重160毫克的劑量或不定時服藥可能會引致病症復發。

亨廷頓舞蹈症

觀察顯示當使用高劑量 NOOTROPIL®時，亨廷頓舞蹈症患者的自主活動稍微變差。

有關輔藥的警告：
- 甘露醇(E421)：每日服用6.5毫克或以上之piracetam 所吸收的份量 ，可能會引起輕瀉作用。
- 阿斯巴甜 (E951)：含有苯基丙氨酸，每2.4克的piracetam 劑量含相等如50毫克的苯基丙氨酸，可能會對苯丙酮酸尿症病人造成傷害。
- 甲基對羥基苯甲酸甲酯及丙基對羥基苯甲酸丙酯：可能會引致過敏反應 (有機會出現延誤反應) (*見不良反應部份*) 。
- 甘油：可能會引致頭痛、胃部不適及腹瀉 (*見不良反應部份*)。
- 鈉：
  腦康素® 800毫克包衣藥片：本產品中每24 克piracetam 含約 2毫摩爾 (或約46 毫克) 鈉。
  腦康素® 200毫克/ 毫升口服液 (瓶裝及針藥) ：本產品中每24 克piracetam 含約 3.5毫摩爾 (或約80.5毫克) 鈉。
  腦康素® 1克/ 5毫升注射液：本產品中每24 克piracetam 含約 1毫摩爾 (23 毫克) 鈉。
  腦康素® 12克/ 60毫升輸注液：本產品中每24 克piracetam 含約 19毫摩爾 (或約445 毫克) 鈉。需控制飲食中鈉吸收的病人應考慮以上鈉含量。

腎功能受損

必須按照個人腎功能狀況調整每日劑量，應參考下表並按指示調整藥物劑量。使用本劑量表時，需估計病人的腎臟肌酸酐清除率(Clcr) (毫升/分鐘) 。可利用以下公式估計血清肌酸酐(毫克/分升) 測試中的Clcr (毫升/分鐘) ：

Clcr = [140 – 年齡 (*歲數*)] x 體重 (*公斤*) (x 0.85 (女性))

72 x 血清肌酸酐 (毫克/分升)

每日劑量應根據下表作出調整：

腎功能狀況組別	肌酸酐清除率 (毫升/分鐘)	劑量及服藥次數
正常	>80	正常每日劑量，分二至四次服用
輕微	50-79	正常每日劑量的2/3，分二或三次服用
中度	30-49	正常每日劑量的1/3，分兩次服用
嚴重	<30	正常每日劑量的1/6 ，一次服用
末期腎病	--	禁用

藥物交互作用

甲狀腺荷爾蒙

有案例顯示同時使用甲狀腺抽取物(T3 + T4) 與piracetam，會出現混亂、易怒及睡眠障礙。

醋硝香豆素

在一項已發表的對嚴重復發性靜脈血栓病人進行的單盲研究中， piracetam 9.6 (克/每日)並無更改達至INR 2.5 至 3.5 所需的醋硝香豆素劑量，但與醋硝香豆素本身的影響相比，增加了piracetam 9.6 (克/每日)則明顯減低了血小板凝集、β-血小板球蛋白釋放、纖維蛋白原及von Willebrand 因子 (VIII:C; VIII:vW:Ag; VIII:vW:RCo)水平及全血與血漿黏性。

藥物動力學交互作用

由於90%的piracetam劑量均以未經改變的藥物特性經由尿液排出，由藥物交互所可能引致的piracetam 藥物動力學特性改變估計輕微。

在試管測試中， piracetam 在 142、426 及 1422 微克/ 毫升的濃度中，並無抑制主要人類肝細胞色素氧化酶 P450 (CYP 1A2、2B6、2C8、2C9、2C19、2D6、2E1 及 4A9/11) 。而在 1422 微克/ 毫升時，輕微的抑制現象在 CYP 2A6 (21%) 及 3A4/5 (11%) 曾經出現。但在高於 1422 微克/ 毫升時，K_i抑制值對這兩種 CYP 氧化酶變為顯著。因此 piracetam 與其他藥物產生代謝互動的機會很輕微。

抗癲癇藥物

對於服用穩定劑量的癲癇症病人，在4星期間每日服用20克之piracetam 並無影響抗癲癇藥物(carbamazepine、phenytoin、phenobarbitone、valproate)的高峰及槽血清水平。

酒精

同時使用酒精並無影響piracetam 的血清水平，而在口服1.6克piracetam 時並無影響血液的酒精水平。

懷孕與哺乳

動物研究顯示藥物並不會對懷孕、胚胎/ 胎兒發育、分娩或胎兒出生後之發育造成直接或間接的傷害。暫時並未有孕婦使用*腦康素*® 的足夠數據。Piracetam 能穿越胎盤阻隔，新生嬰兒的藥物水平約為母體的70% 至90%。在懷孕期間不應使用*腦康素*® ，除非其效益明顯大於風險，而懷孕母親之臨床病症需要使用 piracetam 作治療。Piracetam 會滲入母乳之中，因此在哺乳

期間不應服用*腦康素*®，或應在接受piracetam治療期間停止餵哺母乳。 應考慮餵哺母乳對嬰兒的好處及藥物治療對母親的效益，而決定應中止餵哺母乳或中止piracetam治療。

進行需判斷、操作機械或認知技能的工作之能力
由使用藥物所產品的負面作用可能會影響駕駛及操作機械的能力，因此在使用藥物時必須注意。

不良反應
臨床研究
雙盲安慰劑控制臨床或臨床藥理學測試，包含定量安全數據 (取自1997年6月之UCB 檔案數據庫)，以超過3000名患有不同病症的受試者進行*腦康素*®' 測試，當中使用不同劑量形態、每日劑量或人口特徵。

不良反應均按照下列定義，以事件出現之頻密程度排列：

非常普遍≥1/10

普遍 ≥1/100 to <1/10

不普遍 ≥1/1000 to <1/100

罕見 ≥1/10000 to <1/1000

非常罕見<1/10000

不明 (未能從現有數據中推測)。

血液及淋巴系統異常

不明: 出血異常

免疫系統異常

不明： 類過敏反應，過敏

精神異常

普遍： 緊張

不普遍： 抑鬱

不明： 激動、焦慮、混亂、幻覺

神經系統異常

普遍： 運動機能亢進

不普遍： 困倦

不明： 肌肉運動失調、平衡異常、癲癇惡化、頭痛、失眠

耳朵和內耳異常

*不明：*眩暈

血管異常

罕見： 血栓性靜脈炎 (只在使用注射製劑時出現)，低血壓(只在使用注射製劑時出現)

胃腸異常

不明： 腹痛、上腹痛、腹瀉、噁心、嘔吐

皮膚及皮下組織異常

不明： 血管神經性水腫、皮膚炎、搔癢、蕁麻疹

全身症狀及施用藥物部位症狀

不普遍： 虛弱無力

罕見： 發熱 (只在使用注射製劑時出現) ，注射部位疼痛 (只在使用注射製劑時出現)

調查中

普遍： 體重增加

過量

徵狀

曾有一宗個案在每日口服75克之Piracetam後，出現腹痛及帶血腹瀉，主要原因可能與所用配方中極高劑量之sorbitol 有關。並無其他不良反應特別與過量相關。

治療

如出現急性嚴重過量，可以催吐方式清空胃部。Piracetam並無特別解毒劑，如出現過量，可針對徵狀進行治療或進行血液透析。 透析器可清除50%至60%之piracetam。

製藥特性

輔藥

腦康素®，800毫克，包衣藥片

聚乙二醇 6000、膠體無水矽膠、硬脂酸鎂、羧甲基纖維素鈉、羥丙基甲基纖維素、二氧化鈦 (E171) 、聚乙二醇 400

Piracetam， 200 毫克/ 毫升，口服液

甘油 (85%)、 糖精鈉、 杏子口味、焦糖口味、甲基對羥基苯甲酸甲酯、丙基對羥基苯甲酸丙酯、醋酸鈉、冰醋酸、淨水

Piracetam， 1 克/ 5毫升，注射液

醋酸鈉、冰醋酸、注射用水

Piracetam， 12 克/ 60毫升，輸注液

醋酸鈉、冰醋酸、氯化鈉、注射用水

不相容性

暫時没有。

貯存狀況
按照包裝標示儲存。

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