SUMMARY OF PRODUCT CHARACTERISTICS

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

TEİKOPOL 200 mg Powder and Solvent for Solution for I.M./I.V. Injection
Sterile

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Active Substance:
A vial
Teicoplanin 200 mg

Excipients:
Sodium chloride 24 mg
For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Lyophilized powder for injectable solution
The appearance of the solution prepared by reconstitution is in the form of a clear, yellowish solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

TEİKOPOL is indicated for parenteral treatment of the following infections in adults and children from birth (See Sections 4.2, 4.4 and 5.1):

- infective endocarditis,
- bone and joint infections,
- hospital-acquired pneumonia,
- community-acquired pneumonia,
- complicated skin and soft tissue infections,
- complicated urinary tract infections,
- peritonitis associated with continuous ambulatory peritoneal dialysis (SAPD),
- bacteremia associated with any of the indications listed above,

TEİKOPOL can be used orally in the treatment of antibiotic-associated diarrhea and colitis caused by *Clostridium difficile*.
When necessary, teicoplanin should be administered in combination with other antibacterial agents.

Official guidelines on the correct use of antibacterial agents should be considered.

4.2 Posology and method of administration
Posology/frequency and duration of administration

The dosage and duration of treatment should be adjusted according to the type and severity of the underlying infection, the patient's clinical response, and patient factors such as age and kidney function.

Measuring serum concentrations
To ensure that the minimum pit serum concentration has been reached, steady state teicoplanin pit serum concentrations should be monitored after completion of the loading dose regimen;

- For most Gram-positive infections, teicoplanin pit serum concentrations are at least 10 mg/L when measured by High Performance Liquid Chromatography (HPLC), or at least 15 mg/L when measured by Fluorescence Polarization Immunoassay (FPIA) levels.
- For endocarditis and other severe infections, teicoplanin pit serum concentrations should reach at least 15-30 mg/L when measured by HPLC or at least 30-40 mg/L when measured by the FPIA method.

During maintenance therapy, teicoplanin pit serum concentrations can be monitored at least once a week to ensure that these concentrations are stable.

Adults or elderly patients with normal renal function

Indications	**Loading dose**		**Maintenance dose**	
	Loading dose regimen	**Target pit concentrations from 3 to 5 days**	**Maintenance dose**	**Target pit concentration during maintenance**
-complicated skin and soft tissue infections -Pneumonia -complicated urinary tract infections	6 mg/kg every 12 hours for 3 intravenous or intramuscular administration	> 15 mg/L[1]	Once daily intravenous or intramuscular 6 mg/kg body weight	> 15 mg/L[1] Once a week
-bone and joint infections	12 mg/kg body weight every 12 hours for 3 to 5 intravenous administration	> 20 mg/L[1]	Once daily intravenous or intramuscular 12 mg/kg body weight	> 20 mg/L[1]
-infective endocarditis	12 mg/kg body weight every 12 hours for 3 to 5 intravenous administration	30-40 mg/L[1]	Once daily intravenous or intramuscular 12 mg/kg body weight	> 30 mg/L[1]

[1]Measured with FPIA

The dose should be adjusted according to the body weight, regardless of the patient's weight.

Treatment time:
The duration of treatment should be decided based on the clinical response. For infective endocarditis, a treatment of at least 21 days is generally considered appropriate. The course of treatment should not exceed 4 months.

Combined treatment:
Teicoplanin has a limited spectrum of antibacterial activity (Gram positive). It is not suitable to be used as a sole agent in the treatment of certain infections unless there is a high suspicion that the pathogen has been documented in advance and there is a high suspicion of sensitivity or the most likely pathogens for treatment with teicoplanin.

Diarrhea associated with antibiotics caused by *Clostridium difficile*:
The recommended dose is 100-200 mg administered orally twice daily for 7 to 14 days.

Method of administration:
Reconstituted TEİKOPOL injection can be administered directly intravenously or intramuscularly. Intravenous doses can be administered as bolus (by rapid injection in 3 5 minutes) or by slow infusion in 30 minutes. In infants, only infusion technique should be used.
Oral use should be used for diarrhea and colitis associated with *Clostridium difficile* infection.

Before use, see instructions on reconstitution and dilution of TEİKOPOL (see section 6.6).

Additional information on special populations:
Renal failure:
Dose adjustment is not required until the fourth day of TEİKOPOL treatment, and a dose adjustment should be made so that a serum pit concentration of at least 10 mg/l measured with HPLC or 15 mg/L measured with FPIA method is obtained.

After the 4th day of treatment:

- In moderate renal failure (creatinine clearance within 40 to 60 ml/min): the recommended normal dose once in 2 days or half of this dose is administered once a day.
- In severe renal insufficiency (creatinine clearance below 40 ml/min) and in patients undergoing hemodialysis: the recommended normal dose should be administered as once in 3 days or one third of this dose per day, and maintenance dose should be reduced to one third of the recommended dose per day.

TEİKOPOL cannot be removed by hemodialysis.

For peritonitis in patients undergoing continuous ambulatory peritoneal dialysis:
After a single intravenous loading dose of 6 mg/kg body weight administered IV, 20 mg/L in the dialysis solution bag for the first week, 20 mg/L in the different bags for the second week and then 20 mg/L in the night bag for the third week is applied.

Pediatric population:
Dosage recommendations are the same for adults and children over 12 years old.

For children older than 2 months and under 12 years of age:
As a loading dose, the intravenous dose of 10 mg/kg is administered every 12 hours for the first three applications.
As a maintenance dose, it is continued intravenously with a single dose of 6-10 mg/kg body weight per day.

In newborns and infants younger than 2 months:
As the loading dose, it is the only loading dose administered by intravenous infusion of 16 mg/kg body weight for the first day of treatment.
It is administered as a maintenance dose once daily with an intravenous infusion at a body weight of 8 mg/kg.

Geriatric population:
No dose adjustment is required unless there is renal failure in geriatric patients.

4.3 Contraindications
TEİKOPOL is contraindicated in patients who have previously been hypersensitive to teicoplanin or any substances in TEİKOPOL.

4.4 Special warnings and precautions for use
Hypersensitivity reactions
Serious, life threatening, sometimes fatal, hypersensitivity reactions have been reported with TEİKOPOL (eg anaphylactic shock). If an allergic reaction to teicoplanin occurs, treatment should be stopped immediately and appropriate emergency measures initiated.

Since cross-sensitivity reactions including fatal anaphylactic shock can be observed in patients known to be sensitive to vancomycin, TEİKOPOL should be applied by taking precautions.

However, the history of 'Red Man Syndrome' with vancomycin before is not a contraindication to the use of teicoplanin.

Infusion-related reactions
In rare cases (even at the first dose), red man syndrome (symptoms complex including itching, urticaria, erythema, angioneurotic edema, tachycardia, hypotension, dyspnea) has been observed.

Stopping or slowing infusion can stop these reactions. If the daily dose is administered by an infusion that spreads over a 30-minute period instead of bolus injection, the infusion-related reactions can be limited.

Severe bullous reactions
Steven-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN), which are skin reactions that can be life threatening or fatal with the use of TEİKOPOL, have been reported. If there are signs and symptoms of SJS or TEN (eg, mucosal lesion and skin rash that progresses with blisters), TEİKOPOL treatment should be discontinued immediately.

Antibacterial activity spectrum
It is not suitable to be used as a sole agent in the treatment of some infections unless there is a high suspicion that the pathogen has been documented and sensitivity is known or there is a high suspicion that the most likely pathogens are suitable for treatment with teicoplanin.

The rational use of teicoplanin should take into account the spectrum of bacterial activity, the safety profile and the suitability of standard antibacterial therapy in the treatment of the individual patient. On this basis, in most cases, teicoplanin is expected to be used in the treatment of severe infections in patients for whom standard antibacterial activity is not appropriate.

Loading dose regimen
Since safety data are limited, patients should be carefully monitored for adverse effects when doses of 12 mg/kg body weight of teicoplanin are administered twice daily. In this regimen, blood creatinine values should be monitored in addition to the recommended periodic hematological assessment.

Teicoplanin should not be administered intraventricularly.

Thrombocytopenia
Thrombocytopenia has been reported with teicoplanin. During treatment, periodic hematological examinations, including full cell blood count, are recommended.

Nephrotoxicity
Renal failure has been reported in patients treated with TEİKOPOL (see Section 4.8 Undesirable Effects). Patients with renal impairment and / or patients using medicinal products known to have neuroprotoxic potential, either together with teicoplanin or sequentially (aminoglycoside, colistin, amphotericin B, cyclosporin and cisplatin) should be carefully monitored and included in the auditory tests.

Since teicoplanin is mainly excreted through the kidney, the dose must be adjusted in patients with renal impairment (see section 4.2).

Ototoxicity
As with other glycopeptides, ototoxicity (deafness and tinnitus) has been reported in patients treated with TEİKOPOL (see Section 4.8 Undesirable Effects). Patients who develop signs or symptoms of hearing impairment or impairment in the inner ear during TEİKOPOL treatment should be carefully evaluated and monitored, especially in extended treatment conditions and in patients with renal impairment. Patients who use medicinal products known to have neurotoxic/ototoxic potential (aminoglycoside, cyclosporin, cisplatin, furosemide, and ethacrine acid) should be carefully monitored, and the benefit of teicoplanin should be assessed if hearing ability worsens.

Special precautions should be taken while administering TEİKOPOL to patients who need treatment with ototoxic and / or nephrotoxic medicinal products simultaneously; In such a case, regular hematology, liver and kidney function tests are recommended.

Superinfection:
As with other antibiotics, the use of TEİKOPOL may result in excessive growth of insensitive microorganisms, especially if long-term. If superinfection develops during treatment, appropriate precautions should be taken.

This medicinal product contains less than 1 mmol (23 mg) sodium per mL; in other words, it does not “contain sodium”.

IT IS ABSOLUTELY USED UNDER THE DOCTOR CONTROL.

4.5 Interaction with other medicinal products and other forms of interaction
No special interaction studies have been carried out.

Teicoplanin and aminoglycoside solutions are incompatible and must not be mixed for injection; however, they are compatible in dialysis fluid and can be freely used in the treatment of SAPD related peritonitis. Caution should be exercised when using TEİKOPOL with other drugs known to have nephrotoxic or ototoxic potential or in succession. These include aminoglycosides, colistin, amphotericin B, cyclosporin, cisplatin, furosemide and ethacrine acid (see Section 4.4). However, there is no evidence of synergistic toxicity in combinations with teicoplanin.

In clinical studies, teicoplanin has been applied to a large number of patients being treated with other drugs such as antibiotics, antihypertensives, anesthetic drugs, cardiac drugs and antidiabetic drugs, and no adverse interactions have been observed.

Pediatric population
Interaction studies were carried out only in adults.

4.6 Pregnancy and lactation
General advise
Pregnancy category: C

Women with childbearing potential/Contraception
There is no information on the use of teicoplanin in women with childbearing potential. Therefore, teicoplanin should not be used in women with childbearing potential unless explicitly necessary.

Pregnancy
There are limited data on the use of teicoplanin in pregnant women. Animal studies have shown that high doses of reproductive toxicity are present (see section 5.3): In rats there is an increase in neonatal mortality and low incidence in high doses. The potential risk for humans is unknown. Therefore, teicoplanin should not be used during pregnancy unless clearly required. Renal injury and potential risk in the inner ear cannot be underestimated. (see Section 4.4)

Lactation
It is not known whether TEİKOPOL has been excreted with breast milk. There is no information whether teicoplanin is excreted in animals' milk. A decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with teicoplanin should be made taking into

account the benefit of breast-feeding to the child and the benefit of teicoplanin therapy to the mother.

Reproductive ability/Fertility
Animal reproduction studies have not shown evidence of impairment of fertility.

4.7 Effects on ability to drive and use machines
TEİKOPOL has a minor effect on the ability to drive and use machines.
Teicoplanin can cause dizziness and headache. The ability to drive or use machines may be affected. Patients experiencing these undesirable effects should not drive or use machines.

4.8 Undesirable effects
Reported adverse reactions are indicated below.
Very common (≥ 1/10); common (≥ 1/100 to <1/10); non-widespread (≥ 1 / 1,000 to <1/100); infrequently (≥ 1 / 10,000 to <1 / 1,000); very rare (<1 / 10,000), unknown (cannot be estimated from the available data).

Infections and infestations:
Rare: Abscess
Unknown: superinfection (overproduction of non-sensitive microorganisms)

Diseases of the blood and lymph system:
Uncommon: Eosinophilia, thrombocytopenia, leukopenia
Unknown: Agranulocytosis, neutropenia,

Immune system diseases:
Uncommon: Anaphylactic reactions (anaphylaxis) (See Section 4.4.)
Unknown: Drug reaction with eosinophilia and systemic symptoms (DRESS), Anaphylactic shock (See Section 4.4)

Diseases of the nervous system:
Uncommon: dizziness, headache
Unknown: Seizures.

Ear and inner ear diseases:
Uncommon: deafness, hearing loss (See Section 4.4), tinnitus and vestibular disorder.

Vascular diseases:
Uncommon: Phlebitis
Unknown: Thrombophlebitis

Respiratory, thoracic and mediastinal disorders:
Uncommon: Bronchospasm

Gastrointestinal diseases:
Uncommon: Nausea, diarrhea, vomiting

Skin and subcutaneous tissue diseases:
Common: Erythema (redness), rash, itching
Rare: Red man syndrome (e.g. redness of the upper body) (See Section 4.4).
Unknown: Urticaria, angioedema, exfoliative dermatitis, toxic epidermal necrolysis, erythema multiforme, Stevens-Johnson syndrome (See Section 4.4.)

Renal and Urinary disorders:
Uncommon: Increased blood creatinine
Unknown: renal failure (including acute renal failure).

General disorders and administration site conditions:
Common: Pain, Fever
Unknown: Injection site abscess, rigor

Investigations:
Uncommon: Increased transaminases (transient abnormal transaminases), increased blood alkaline phosphatase (transient abnormal blood alkaline phosphatase), increased blood creatinine (temporary increase in serum creatinine)

4.9 Overdose and therapy
Symptoms: Cases of accidental administration of excessive doses to pediatric patients have been reported. In one case agitation occurred in a 29-day-old newborn who had been administered 400 mg intravenously (95 mg/kg).

Treatment: Symptomatic treatment should be applied in case of overdose. TEİKOPOL cannot be removed by hemodialysis and only slowly by peritoneal dialysis.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic Group: Glycopeptide Antibacterial
ATC Code: J01XA02

Mechanism of action
Teicoplanin interacts with cell-wall biosynthesis in a region different from that affected by beta-lactams, inhibiting the development of susceptible organisms. Peptidoglycan synthesis is blocked by specific binding to D-alanyl-Dalanin residues.

Resistance mechanism
Resistance to teicoplanin may be due to the following mechanisms:

- Modified target structure: this form of resistance occurred especially in Enterococcus faecium. The modification is based on the change of amino acid chain to D-Ala-D lactate and terminal D-alanyl-D-alanine function in a murein precursor, thereby reducing its affinity to vancomycin. Responsible enzymes are newly synthesized D-lactate dehydrogenase or ligase.
- Decreased sensitivity or staphylococcal resistance to teicoplanin is based on excessive production of murein precursors to which teicoplanin is bound.

Cross-resistance may occur between teicoplanin and glycoprotein vancomycin. Some vancomycin resistant enterekococci are sensitive to teicoplanin (Van-B phenotype).

Sensitivity test criteria

According to the European Committee Antimicrobial Susceptibility Tests (EUCAST) MIK criteria, version 7.1, 10 March 2017 are shown in the table below:

Microorganizm	Sensitive	Resistant
Staphylococcus aureus [a,b]	≤2 mg/L	>2 mg/L
Coagulase-negative staphylococcus [a,b]	≤4 mg/L	>4 mg/L
Enterococcus spp.	≤2 mg/L	>2 mg/L
Streptococcus groups (A, B, C, G) [b]	≤2 mg/L	>2 mg/L
Streptococcus pneumoniae [b]	≤2 mg/L	>2 mg/L
Viridans group streptococcus [b]	≤2 mg/L	>2 mg/L
Gram-pozitive anaerobes except *Clostridium difficile*	IE	IE
PK/PD (not related to species) criteria [c]	IE	IE

[a] Glycopeptide MICs are method dependent and the liquid medium must be determined by microdilution (reference ISO 20776). With 2 mg/L vancomycin, S. aureus MIK values are within the limit of wild-type MIK values and clinical response may be impaired. The resistance criterion for S. aureus has been lowered to 2 mg/L to prevent reporting of the GISA isolates intermediate as serious infections, GISA isolates are not treatable with elevated doses of vancomycin or teicoplanin.
[b] Sensitive isolates are rare or not yet reported. Identification and antimicrobial susceptibility tests performed on any such isolate should be validated and the isolate sent to a reference laboratory.
[c] IE indicates that there is insufficient evidence that the organism or group is a good target for drug therapy. A MIK without accompanying S, I or R categorization can be reported with a comment.

Pharmacokinetic/Pharmacodynamic relationship
Teicoplanin antimicrobial activity basically depends on the duration of the time when the substance level is higher than the minimum inhibitory concentration (MIC) of the pathogen.

Sensitivity
The prevalence of resistance may vary geographically and with time for selected species, and in particular the lack of local information on resistance is desirable in the treatment of serious infections. In the case of a local resistance prevalence that would suspect the benefit of the agent, at least in some types of infection, expert advice should be sought when necessary.

Commonly sensitive species

Aerobic Gram-positive bacteria
Corynebacterium jeikeium [a]
Enterococcus faecalis
Staphylococcus aureus (including methicillin resistant strains)
Streptococcus agalactiae
Streptococcus dysgalactiae subsp. equisimilis [a]
(Group C & G streptococci)
Streptococcus pneumoniae
Streptococcus pyogenes
Viridans grup Streptococci [a b]

Anaerobic Gram-positive bacteria
Enterococcus faecium
Staphylococcus epidermidis
Staphylococcus haemolyticus
Staphylococcus hominis

Naturally resistant bacteria
All Gram-negative bacteria

Other bacteria
Chlamydia spp.
Chlamydophila spp.
Legionella pneumophila
Mycoplasma spp.

[a] No updated data was available when the tables were published. The main literature, standard volumes, and treatment recommendations assume sensitivity.
[b] A common term for the heterogeneous group of Streptococcus species. The rate of resistance may vary depending on the actual type of streptococcus.

5.2 Pharmacokinetic properties
Absorption:
Teicoplanin is administered by parenteral injection (as intravenous or intramuscular). After intramuscular administration, the bioavailability of teicoplanin (compared to intravenous administration) is almost complete (90%). Following 200 mg intramuscular administration for six days, the mean (SD) maximum teicoplanin concentration (Cmax) is 12.1 (0.9) mg/L and occurs 2 hours after administration.

After 3 to 5 applications every 12 hours intravenously, after 6 mg/kg loading dose, Cmax values are in the range of 60 to 70 mg/L and Cmin is generally above 10 mg/L. The mean Cmax and

Cmin values are 100 mg/L and 20 mg/L, respectively, after 12 mg/kg loading dose with 3 applications every 12 hours intravenously.

After 6 mg/kg administration as daily maintenance dose, the Cmax and Cmin values are approximately 70 mg/L and 15 mg/L, respectively. Cmin values range from 18 mg/L to 30 mg/L after administration of 12 mg/kg as a daily maintenance dose.

When teicoplanin is administered orally, it is not absorbed from the gastrointestinal tract. In healthy cases, when a single dose of 250 or 500 mg was administered orally, teicoplanin was not detected in serum or urine, but unchanged medicinal product was detected only at the faeces (up to 45% of the administered dose).

Distribution:
It binds to human serum proteins in the range of 87.6% to 90.8% without any change in the function of teicoplanin concentrations. Teicoplanin is mainly bound to human serum albumin. Teicoplanin does not disperse in red cells.

Steady state distribution volume (Vss) ranges from 0.7 to 1.4 L/kg. The highest Vss value was observed in recent studies, where the sampling period was more than 8 days.

Teicoplanin is distributed to the lung, myocardium and bone tissues, whose main tissue/serum ratio is more than 1. Tissue/serum ratios in blister fluids, synovial fluid and peritoneal fluid range from 0.5 to 1. Elimination of teicoplanin from peritoneal fluid is at the same speed as elimination from serum. Tissue/serum ratios in pleural fluid and subcutaneous adipose tissue are between 0.2 and 0.5. Teicoplanin does not easily penetrate the cerebrospinal fluid (CSF).

Biotransformation
Unchanged teicoplanin in plasma and urine has been identified as the main metabolite, indicating minimal metabolism. Possibly two metabolites are formed by hydroxylation and represent 2 to 3% of the administered dose.

Elimination:
Unchanged teicoplanin is excreted mainly through the urinary tract (80% in 16 days), while 2.7% of the dose administered within 8 days following administration is obtained in faeces (with bile secretion).

In recent studies, where blood sampling time is 8 to 35 days, the elimination half-life of teicoplanin ranges from 100 to 170 hours.

Teicoplanin has a low total clearance in the range of 10 to 14 mL/h/kg and has a renal clearance of 8 to 12 mL/h/kg, indicating that teicoplanin is excreted mainly by renal mechanisms.

Linearity / nonlinear state:
Teicoplanin shows linear pharmacokinetics in a dose range of 2 to 25 mg / kg.

Special populations:
Kidney Failure: Since teicoplanin is excreted renally, elimination of teicoplanin decreases according to the degree of kidney failure. Total and renal clearance of teicoplanin depends on creatinine clearance.

In elderly patients:
Pharmacokinetics of teicoplanin in the elderly patient population does not change if there is no renal failure.

Pediatric population:
Compared to adults, higher total clearance (15.8 mL / h / kg for neonates, an average of 14.8 mL/h/kg for 8-year-olds) and shorter elimination half-life (40 hours for neonates; 58-hour for 8-year-olds) It was observed.

5.3 Preclinical safety data
In rats and dogs, following repeated parenteral administration, effects have been observed in the kidney and have been shown to be dose-dependent and reversible. Studies conducted in guinea pigs to investigate the potential that can cause ototoxicity indicate that in the absence of morphological damage, a mild impairment in the cochlear and vestibular function is possible.

Subcutaneous administration of teicoplanin up to 40 mg/kg/day in rats did not affect male and female fertility. In embryo-fetal development studies, malformation was not observed following subcutaneous administration up to 200 mg/kg/day in rats and intramuscular administration up to 15 mg/kg/day in rabbits. However, there was an increase in the incidence of neonatal mortality in rats at a low incidence of 200 mg/kg/day and above and at a dose of 200 mg/kg/day. This effect has not been reported at a dose of 50 mg/kg/day. A perinatal and postnatal study in rats had no effect on the fertility of the F1 generation or the survival and development of the F2 generation following subcutaneous administration up to 40 mg/kg/day.

Teicoplanin did not show any potential to cause antigenicity (in mice, guinea pigs or rabbits), genetoxicity or local irritation.

6. PHARMACEUTICAL PARTICULARS
6.1 List of Excipients
Vial: Sodium chloride, water for injection and sodium hydroxide/hydrochloric acid as pH adjuster
Ampoule: Water for injection

6.2 Incompatibilities
Teicoplanin solutions and aminoglycosides are incompatible when mixed directly, should not be mixed before injection.
If teicoplanin is to be administered as a combination therapy with other antibiotics, the drug should be administered separately.
This medicinal product should not be mixed with other medicinal products except those mentioned in section 6.6.

6.3 Shelf Life
24 months

Storage conditions and duration after reconstitution: Store at 2-8°C in the refrigerator for 24 hours, do not freeze. Solutions that have been kept for more than 24 hours should not be used.

6.4 Special precautions for storage
Store at room temperature below 25°C and in its own packaging.

6.5 Nature and contents of container
Each packaging contains a vial and an ampoule.
Vial: Colorless Type I glass vial sealed with a Bromobutyl rubber plug and transparent flip-off protective cap
Ampoule: Colorless, Type I glass ampoule

6.6 Special precautions for disposal and other handling
Unused products or waste materials should be disposed of in accordance with the "Medical Waste Control Regulation" and "Packaging and Packaging Waste Control Regulation".

This medicine is for single use only.

Preparation:
1. Draw the entire water in the ampoule into an injector.

2. Remove the transparent plastic cap of the vial by pushing it up slightly.

3. Inject all of the water into the vial SLOWLY; approximately 0.2 ml of water will remain in the injector.

4. Roll the vial gently between both two hands until the powder inside is completely dissolved; Take care to avoid effervescence formation. IT MUST BE ENSURED THAT ALL POWDERS EVEN THE POWDERS LEFT AROUND THE RUBBER PLUG LINE IS COMPLETELY DISSOLVED.

Shaking this solution will lead to the formation of foam, making it difficult to draw the expected volume into the injector. However, if TEİKOPOL is fully dissolved, effervescence formation does not change the concentration of the solution and 100 mg for 1.5 ml or 200 mg for 3 ml (200 mg vial) or 400 mg for 3 ml (400 mg vial) concentrations are obtained. If effervescence is formed in solution, it is necessary to wait for 15 minutes.

5. Gently draw the solution from the vial to the injector by placing the needle in the middle of the rubber plug and trying to take most of the TEİKOPOL solution.

6. The concentration of a carefully prepared solution will be100 mg (200 mg vial) in 1.5 ml, 200 mg (200 mg vial) in 3 ml and 400 mg (400 mg vial) in 3 ml. It is important that the solution is properly prepared and carefully drawn into the syringe. Applications without carefully prepared preparations lead to administer lower than 50% of the doses.

7. The final solution is an isotonic solution with a pH between 7,2 and 7,8.

8. The reconstituted solution may be injected either directly or by diluting with followings:
- 0.9% Sodium chloride injection
- Sodium lactate compound injection (Ringer's Lactate solution, Hartmanns solution)
- 5% Dextrose injection
- Injection of 0.18% Sodium chloride and 4% Dextrose
- Peritoneal dialysis solutions containing 1.36% or 3.86% dextrose.

TEİKOPOL and aminoglycoside solutions are not compatible when mixed directly, they should not be mixed before injection.

9. Vial contents dissolved with distilled water should be stored in the refrigerator at 2-8°C for 24 hours and should not be frozen. Solutions that have been kept for more than 24 hours should not be used.

7. MARKETING AUTHORISATION HOLDER
POLİFARMA İLAÇ SAN. VE TİC. A.Ş.
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8. MARKETING AUTHORISATION NUMBER
2018/136

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
Date of first authorisation: 12.03.2018
Date of renewal of the authorisation: -

10. DATE OF REVISION OF THE TEXT
22.04.2020