For the use of a Banistanad Markoul Practitioner or a Hospital or a Laboratory only.

# Glutathione for Injection 600mg

## L-THIONE IV

Glutathione BR 600mg

QUALITATIVE AND QUANTITATIVE COMPOSITION

Active principle: Glutathione

equal to glutathione 600 mg

PHARMACEUTICAL FORM Downlar and solvent for solution for injection

CUNICAL PARTICULARS

For the treatment of alcoholic liver diseases like alcoholic fatty liver, alcoholic liver fibrosis,

alcoholic liver cirrhosis, and hepatitis Posology and method of administration

Posology 1-2 viais a day by intramuscular injection, by slow intravenous injection, or by intravenous infusion

The dose depends on patient's age, body weight and clinical conditions and on the dose and posology of the chemotherapeutic agent.

Pediatric population

The safety and efficacy of this medicinal product in children have not been determined

Method of administration

The product should be administered 15-30 minutes prior to the beginning of chemotherapy. For intramuscular injection or bolus i.v. injection, dissolve the vial contents with the ampoule solvent. For intravenous infusion, the solution obtained as above mentioned must be further diluted in at least 20 ml of

water for injectables The reconstituted solution must be used immediately after preparation

Contraindications

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

Special warnings and precautions for use

Use immediately after opening the container. The reconstituted solution must be clear, colorless and free from visible particles and must be used for a single, uninterrupted administration. Any remaining solution

should be discarded Interaction with other medicinal products and other forms of interaction

There are no reports of pharmacological interaction with glutathione

Fertility, pregnancy and lactation

There are no available data on possible damage caused by the medicinal product, if administered during

Lactation There are no available data on possible damage caused by the medicinal product, if administered to nursing

There are no available data on possible damage to fertility caused by the medicinal product.

Therefore, the medicinal product must not be used during pregnancy and lactation, unless strictly necessary and only after careful evaluation of the benefit/risk ratio.

Effects on ability to drive and use machines

The medicinal product does not affect the ability to drive and use machines, or its influence on such activities is negligible

The undesirable effects of glutathione, classified by system organ class according to MedDRA, are reported

There are not sufficient available data to establish the frequency of the listed individual effects.

Gastrointestinal disorders Nausea, vomiting

Immune system disorders

Hypersensitivity reactions, skin rash, urticaria. ervous system disorders

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General disorders and administration site conditions

Febrile reactions, pain and infection at the infusion site, venous thrombosis, venous phlebitis extending beyond the infusion site, extravasation and possible extravasal diffusion.

Reporting of suspect adverse reactions

Reporting of suspect adverse reactions occurring after the marketing authorization of the medicinal product is important, as it allows the continuous monitoring of the drug risk/benefit ratio. Health operators are therefore requested to report any suspect wherea reaction to the national health system through the website www.agenziafarmaco.gov.it/it/resp

Overdose No overdose cases have ever been reported

If necessary symptomatic treatment should be considered

PHARMACOLOGICAL PROPERTIES

Pharmacodynamic properties

Pharmacotherapeutic group; antidote, ATC code; V03AB32

Glutathione (GSH) is a physiological tripeptide made of glutamic acid, cysteine and glycine, largely available in nature and found in the cell cytosol.

Glutathione participates in a wide range of biological processes and plays an important role in detoxification reactions, protecting the cells from the harmful effects of xenobiotic agents, as well as environmental and intracellular oxidants (free radicals, reactive oxygen intermediates). Preclinical and clinical studies have shown the protective role of glutathione in many pathological conditions that cause cell damage. Besides, it has been observed that several chemotherapeutic agents reduce tissue and intracellular levels of nous GSH, thus worsening the condition of oxidative stress caused by the turn

The sulfhydryl group in the cysteine portion of glutathione, which is strongly nucleophilic and therefore a primary target for electrophilic attack by chemical substances and by their reactive metabolites, enhances such protective action, by shielding essential nucleophilic sites that, if attacked, would start a cell damaging process. Glutathione reacts with a great variety of oxidized organic metabolites, originating less toxic conjugates that can be more easily metabolized and excreted as mercapturic acids. Resides, plutathione exerts a protective effect on the SH-enzymes that are responsible for important biochemical cell functions.

In particular, the secondary toxic effects of many drugs, of malnutrition, of several diseases and wrong dietary choices lower the hepatic levels of glutathione. In particular, the neurotoxic effects induced by chemotherapeutic agents such as cisplatin and its derivates appear to be due to the accumulation of platin in the peripheral nervous system and in particular in the posterior root ganglions. In the case of oxaliplatin, platinum accumulation appears to be due to slower elimination, rather than greater accumulation. This suggests that use of such agents as glutathione can prevent the initial accumulation of platinum in the posterior root ganglions. Several clinical studies have confirmed this effect. The studies show that glutathione infusion prior to the administration of the antiblastic agent to patients with ovarian cancer,

stomach cancer and colorectal cancer provides effective protection against cisplatin-and oxaliplatin -induced nephro - and neurotoxicity, thus allowing to reach, if necessary, higher cumulative doses of the antiblastic agent.

Pediatric population The safety and efficacy of this medicinal product in children have not been determined. Pharmacokinetic properties

Distribution

Following intravenous administration, glutathione is primarily found in the red blood cells, whereas at plasmatic level it is rapidly decomposed by gamma-glutamyl-transpeptidase and by gamma-glutamyl-cyclotransferase. Therefore, the plasma levels of reduced glutathione, even after administration of high doses, are negligible (plasma peak of about 1 nmol/ml 5 minutes after administration of 600 mg i.v.).

Following the intravenous infusion of 2 g/m2 glutathione in healthy volunteers, total plasmatic concentration of glutathione

increased from 17.5 ± 13.4 mmol/l (mean ± SD) to 823 ± 326 mmol/l. The calculated distribution volume of exogenous

glutathione is 176 ± 107 ml/kg, with a plasmatic half-life of 14.1 ± 9.2 minutes.

After administration, glutathione blood levels gradually decrease almost to baseline levels in about 60 minutes. Biotransformation

The plasmatic concentration of the metabolite cysteine increased from 8.9 ± 3.5 mmol/l to 114 ± 45 mmol/l after the infusion. In spite of cysteine increase, total plasma concentration of total cysteine, cysteine and mixed disulfides decreased, showing an increased passage of cysteine in the cells.

Elimination Urinary excretion of glutathione and cyst(e)ine showed a 300% and 10% increase, respectively, in the 90 minutes after the infusion

These data indicate that the intravenous administration of glutathione distinctly increases the concentration of sulfhydryl compounds in the urinary tract and, consequently, the cellular availability of cysteine. The high cysteine concentration in the cells explains its protective effect against xenobiotics, which directly or indirectly translates into increased glutathione

#### Preclinical safety data

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By intravenous administration: in rats and mice, doses of up to 5000 mg/Kg glutathione sodium, administered by slow intravenous infusion (5 ml/minute), do not cause death. In rabbits, 3000 mg/Kg doses are well tolerated. By intraperitoneal administration: in mice and rats. 7500 mg/Kg doses do not cause death.

## Subacute toxicity

By intravenous administration: 500 mg/kg/day and 100 mg/kg/day doses for 28 days have caused no particular symptoms in rabbits

### Chronic toxicity

Intraperitoneal doses of 43.86 and 129 mg/Kg did not produce any harmful effects either on the biochemical values or on the various body systems of rats.

Dogs treated intravenously for 90 days at doses of 86 and 129 mg/kg/daydid not present with any particular symptoms.

biochemical parameter changes or histomorphological changes in the main systems and organs at the end of treatment.

Teratogenicity In tests carried out on Wistar rats and New Zealand rabbits with 86 mg/kg/day doses

glutathione did not affect the reproductive function of the adult animals, or the development and feeding of the litter. Local tolerance

Intravenous and intraperitoneal administration and the local application of the product in the conjunctival sac (as eye drops) did not cause any irritation, even with chronic administration.

### PHARMACEUTICAL PARTICULARS

List of solvent for reconstitution The solvent ampoule contains water for injection & Vitamin C 5 ml

Vitamin c is a good soluble agent.

Vitamin c & Glutathione chemical structure is same so its absorbance in body is easy and effective..Vitamin c increases efficiency of glutathione injection in comparison of wfi. for a

weak body it works as a booster who enhances energy of body Use one of the above as per your choice from Vitamic C and Wfi for dissolve.

Incompatibilities

None reported

For lack of incompatibility studies, the medicinal product must not be admixed to other products.

Shelf-life

Storage: Store below 25°C away direct sunlight. heat. and moisture.

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