OCTREOTIDE ACETATE

BRAND NAME OCTREOTIDE DBL, MAXRX, SUN, SANDOSTATIN, SANDOSTATIN LAR

DRUG CLASS Somatostatin analogue

AVAILABILITY Short-acting formulations: Octreotide DBL/MaxRx/SUN, Sandostatin (short-acting) ampoules contains 50 microgram/mL, 100 microgram/mL or 500 microgram/mL of octreotide acetate.1 Octreotide DBL also contains glacial acetic acid, sodium acetate trihydrate and sodium chloride. Octreotide MaxRx also contains glycine, mannitol and hydrochloric acid. Sandostatin and Octreotide SUN also contain lactic acid, mannitol and sodium bicarbonate.1 The solution is clear and colourless.1 Long-acting formulation: Sandostatin LAR (long-acting) vial contains 10 mg, 20 mg and 30 mg of octreotide acetate (modified release). Also contains polyglactin and mannitol. Diluent syringe contains carmellose sodium, mannitol and poloxamer.1

pH Octreotide DBL, Octreotide SUN, Sandostatin: 3.9–4.52,3 Sandostatin LAR reconstituted suspension: 5–81

PREPARATION Allow to reach room temperature for at least 30 minutes before use.1 Sandostatin LAR: Inject diluent slowly down the inside of the vial. Stand the vial for 5 minutes until the powder is completely wet, then swirl gently for 30 to 60 seconds until a uniform milky suspension is obtained. Do not shake. Use immediately.1 See SPECIAL NOTES

STABILITY Ampoule and vial: store at 2 to 8 °C. Do not freeze. Protect from light. Sandostatin and Octreotide MaxRx are stable for 2 weeks below 25 °C protected from light. Do not return to the fridge.1 Infusion solution: stable for 24 hours below 25 °C in sodium chloride 0.9%.2 Sandostatin LAR powder: store at 2 to 8 °C. Protect from light. Can be stored below 25 °C on the day of injection before reconstitution.1 Reconstituted Sandostatin LAR suspension: use immediately.1

ADMINISTRATION IM injection Suitable for Sandostatin LAR only. Inject deep into the gluteal muscle. Alternate sides for subsequent injections. Do not use the deltoid muscle because it is painful.1 SUBCUT injection Suitable for short-acting formulations only as an intermittent injection or as a continuous subcutaneous infusion. Rotate the site of the injection.1,4,5 IV injection Suitable for short-acting formulations only in the treatment of oesophageal varices or sulphonylurea overdose. Give undiluted or dilute each 1 mL with 2–10 mL of sodium chloride 0.9% and inject over 3 to 5 minutes.6–8 IV infusion Suitable for short-acting formulations only. Dilute 500 microgram in 500 mL of sodium chloride 0.9% and infuse 25–50 microgram (25–50 mL)/hour by continuous infusion.6–8 IV use for infants and children Short-acting formulations only: inject undiluted over 3 minutes in emergency situations. Dilute the dose in 50–200 mL and infuse over 15 to 30 minutes or give as a continuous IV infusion.9 continued over the page

There are different strengths and formulations used for different indications. Check product selection carefully.
COMPATIBILITY

**Fluids**  Glucose 5%, sodium chloride 0.9%. Sodium chloride 0.9% is the preferred infusion fluid for most indications as octreotide inhibits the release of insulin and affects blood glucose regulation.1

**Y-site**  No information

INCOMPATIBILITY

**Fluids**  No information

**Drugs**  Cyclizine10, micafungin10

SPECIAL NOTES  May cause bradycardia and cardiac arrhythmias.1

REFERENCES