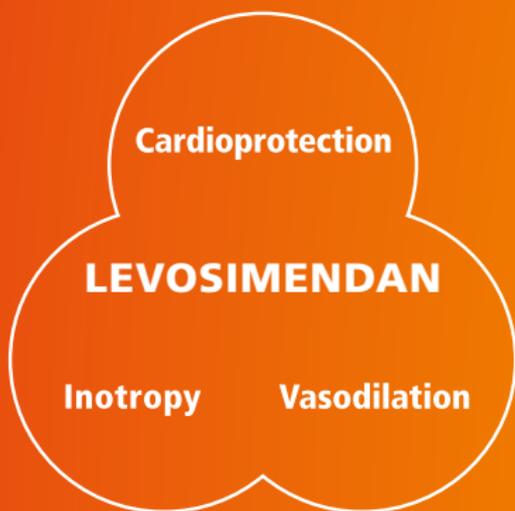


# SIMDAX® GIVES YOU TIME WHEN IT'S NEEDED MOST<sup>1</sup>

SIMDAX® is the only inodilator<sup>2,3</sup> to provide sustained hemodynamic benefits<sup>3-10</sup> and symptom control<sup>3-5,11,12</sup> to patients with acute heart failure and in need of inotropic therapy.

## TRIPLE MECHANISM OF ACTION OF LEVOSIMENDAN.<sup>2</sup>



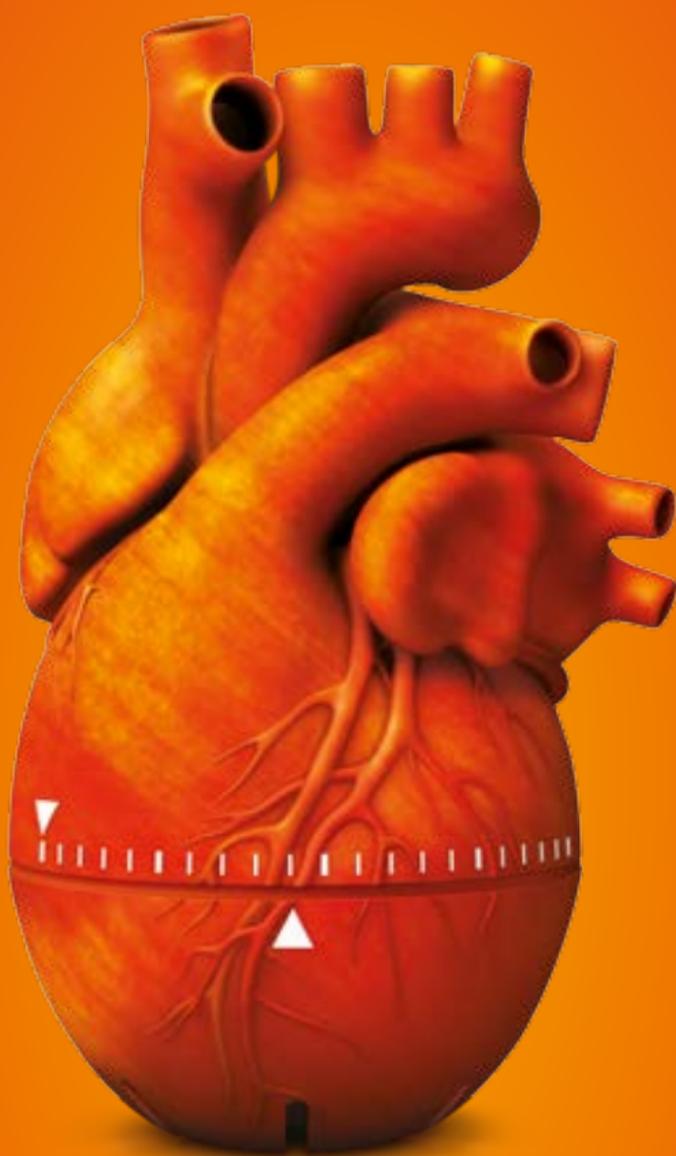
**References:** 1. Nieminen MS et al. Eur Heart J Suppl. 2017;19(suppl C);C15–C21. 2. Papp Z et al. Int J Cardiol. 2012; 159:82–87. 3. Nieminen MS et al. Heart Lung Vessel. 2013;5(4):227–245. 4. Follath et al. Lancet. 2002;360:196–202. 5. Slawsky et al. Circulation. 2000;102:2222–2227. 6. Nieminen et al. J Am Coll Cardiol. 2000;36:1903–1912. 7. Kivikko et al. Circulation. 2003;107:81–86. 8. Lilleberg et al. Eur J Heart Fail. 2007;9:75–82. 9. Lilleberg et al. Eur Heart J. 1998; 19:660–668. 10. Ukkonen et al. Clin Pharmacol Ther. 2000;68:522–531. 11. Mebazaa et al. JAMA. 2007;297:1883–1891. 12. Packer et al. JACC Heart Fail. 2013;1(2):103–111.

**SIMDAX**<sup>®</sup> 2.5 mg/ml concentrate for solution for infusion. SIMDAX is indicated for the short-term treatment of acutely decompensated severe chronic heart failure (ADHF) in situations where conventional therapy is not sufficient, and in cases where inotropic support is considered appropriate. For further information visit [www.simdax.com](http://www.simdax.com)



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# GUIDANCE FOR USE & DOSING TABLE



 **SIMDAX**<sup>®</sup>  
levosimendan

EASE THE CHALLENGE OF  
TREATING THE FAILING HEART

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# SIMDAX® GUIDANCE FOR USE & DOSING TABLE

SIMDAX® 2.5 mg/ml concentrate for solution for infusion

## **Preparation for the solution for infusion**

SIMDAX is to be diluted prior to administration as follows: 5 ml SIMDAX are diluted into 250 ml 5% glucose solution in a final concentration of 0,05 mg/ml levosimendan.

## **Dosing**

The dose and duration of treatment should be individualised according to the patient's clinical condition and response.

The treatment could be initiated with a loading dose of 6-12 µg/kg infused over 10 minutes followed by a continuous infusion of 0.1 µg/kg/min.

Lower loading doses are recommended for patients on concomitant intravenous vasodilators or inotropes or both at the start of the infusion.

The response of the patient should be assessed with the loading dose or within 30 to 60 minutes of dose adjustment and as clinically indicated.

If the response is deemed excessive (hypotension, tachycardia), the rate of the infusion may be decreased to 0.05 µg/kg/min or discontinued. If the initial dose is tolerated and an increased haemodynamic effect is required, the rate of the infusion can be increased to 0.2 µg/kg/min.

The recommended duration of infusion in patients with acute decompensation of severe chronic heart failure is 24 hours.

## Detailed infusion rates for loading dose and continuous infusion of a 0.05 mg/ml SIMDAX solution for infusion:

Patient weight kg	Loading dose (ml/hr) to be administered during 10 min		Continuous infusion rate (ml/hr)		
	6 µg /kg	12 µg /kg	0,05 µg /kg/min	0,1 µg /kg/min	0,2 µg /kg/min
40	29	58	2	5	10
50	36	72	3	6	12
60	43	86	4	7	14
70	50	101	4	8	17
80	58	115	5	10	19
90	65	130	5	11	22
100	72	144	6	12	24
110	79	158	7	13	26
120	86	173	7	14	29

### SIMDAX in clinical practice

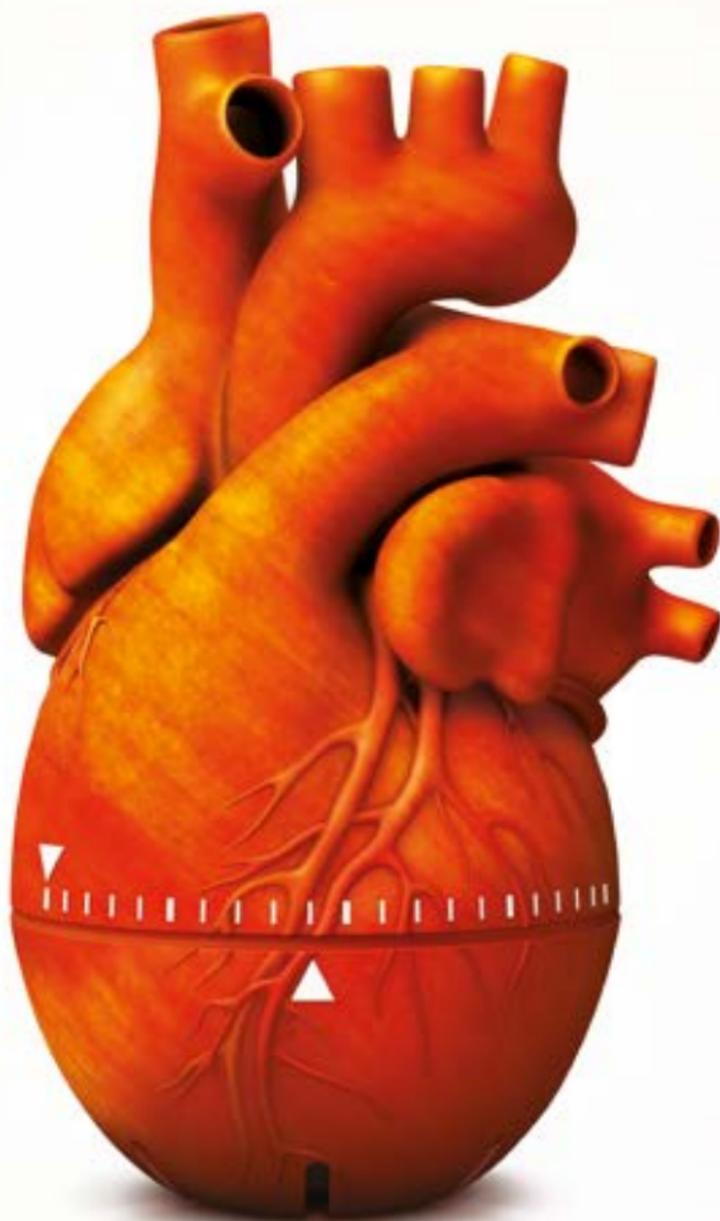
- Simdax is indicated for the short-term treatment of acutely decompensated severe chronic heart failure in situations where conventional therapy is not sufficient, and in cases where inotropic support is considered appropriate.
- SIMDAX has both vasodilatory and contractility increasing effects.
- SIMDAX should be given cautiously to patients with low blood pressure, especially in case of hypovolaemia.
- Unlike dobutamine, SIMDAX is effective in patients on beta-blocker therapy.

### Dosing guidance for SIMDAX <sup>1,3</sup>

- Loading dose (6-12 µg/kg over 10 min) only if immediate effect is needed and systolic blood pressure is >100 mmHg.
- Maintenance infusion rate 0.05-0.2 µg/kg/min with individualized dosing regimen.
- Infusion duration up to 24 hours.
- Hypovolaemia to be avoided before and during the treatment (fluid resuscitation as needed; intravenous diuretics with caution; vasopressors, like norepinephrine, as needed).
- Low levels of serum potassium to be corrected/adjusted in order to avoid arrhythmias.

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