- Nonionic contrast medium -

**Iomeron®** 300 Injection Syringe 50mL
**Iomeron®** 300 Injection Syringe 75mL
**Iomeron®** 300 Injection Syringe 100mL
**Iomeron®** 350 Injection Syringe 50mL
**Iomeron®** 350 Injection Syringe 75mL
**Iomeron®** 350 Injection Syringe 100mL
**Iomeron®** 350 Injection Syringe 135mL

**<Iomeprol injections>**

**Prescription drug**

**WARNINGS**

1. Serious adverse reactions such as shock may occur.
2. Never use IOMERON for cisternography or myelography, because its injection into the brain and spinal canal may cause serious adverse reactions.

**CONTRAINDICATIONS (IOMERON is contraindicated in the following patients.)**

1. Patients with a history of hypersensitivity to iodine or iodinated contrast media
2. Patients with serious thyropathy
   - Symptoms may be aggravated due to changes in thyroid gland function because the iodine concentration may increase in the thyroid gland.

**RELATIVE CONTRAINDICATIONS (As a general rule, IOMERON is contraindicated in the following patients. If the use of IOMERON is considered essential, it should be administered with care.)**

1. Patients with an extremely poor general condition
2. Patients with bronchial asthma
   - It has been reported that patients with bronchial asthma have a higher risk of adverse reactions than those without bronchial asthma.
3. Patients with serious cardiac function disorders
   - Cardiac function may be impaired due to deterioration in hemodynamics.
4. Patients with serious hepatic function disorders
   - Symptoms may be aggravated.
5. Patients with serious renal function disorders

[Contrast media are excreted mainly through the kidneys. Excretion may be delayed and renal function may be impaired.]

6. Patients with macroglobulinemia
   - Deaths due to the formation of gels in the blood have been reported with analogue compounds.

7. Patients with multiple myeloma
   - Obstruction of renal tubules due to conjugation with urinary protein has been reported with analogue compounds.

8. Patients with tetany
   - Symptoms may be aggravated due to decrease in the blood calcium.

9. Patients with known or suspected pheochromocytoma
   - Adrenal venography should be avoided because paroxysmal increase in blood pressure, tachycardia, arrhythmias or other symptoms may occur. When the patient is given an examination, if necessary, intravenous access should be maintained, and appropriate measures such as preparing a sufficient amount of an α-adrenergic blocking agent, such as phentolamine mesylate, etc. or β-adrenergic blocking agent, such as propranolol hydrochloride etc., taken and then IOMERON administered with care.

**DESCRIPTION**

**IOMERON 300 Injection Syringe:**

Each mL of Syringe contains 612.4 mg (equivalent to 300 mg of iodine) of iomeprol.

**IOMERON 350 Injection Syringe:**

IOMERON should be stored at room temperature.

IOMERON should be protected from light after opening package.

Caution: Use only as directed by a physician.
Each mL of Syringe contains 714.4 mg (equivalent to 350 mg of iodine) of iomeprol.

<table>
<thead>
<tr>
<th>IOMERON 350 Injection Syringe</th>
<th>IOMERON 350 Injection Syringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodine content (mg/mL)</td>
<td></td>
</tr>
<tr>
<td>300</td>
<td>350</td>
</tr>
<tr>
<td>Content (mL)</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>100</td>
<td>135</td>
</tr>
<tr>
<td>Active ingredient</td>
<td></td>
</tr>
<tr>
<td>Iomeprol content (g)</td>
<td></td>
</tr>
<tr>
<td>(iodine content (g))</td>
<td></td>
</tr>
<tr>
<td>30.62</td>
<td>45.93</td>
</tr>
<tr>
<td>(15)</td>
<td>(22.5)</td>
</tr>
<tr>
<td>Trometamol content (mg)</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>100</td>
<td>135</td>
</tr>
<tr>
<td>Inactive ingredients</td>
<td></td>
</tr>
<tr>
<td>Hydrochloric acid</td>
<td>q.s.</td>
</tr>
<tr>
<td>Appearance</td>
<td>Colorless and clear liquid</td>
</tr>
<tr>
<td>pH</td>
<td>6.5 - 7.5</td>
</tr>
<tr>
<td>Osmotic pressure (ratio relative to isotonic sodium chloride solution)</td>
<td>approx. 2</td>
</tr>
<tr>
<td>Viscosity (37°C, mPa - s)</td>
<td>4.3</td>
</tr>
</tbody>
</table>

INDICATIONS

IOMERON 300 Injection Syringe:
Visualization in computed tomography, intravenous urography, cerebral angiography, thoracic angiography, abdominal angiography, peripheral angiography, intravenous digital subtraction angiography and intraarterial digital subtraction angiography

IOMERON 350 Injection Syringe:
Visualization in computed tomography, intravenous urography, angiocardioigraphy, thoracic angiography, abdominal angiography, peripheral angiography, intravenous digital subtraction angiography and intraarterial digital subtraction angiography

DOSEAGE AND ADMINISTRATION

The usual adult doses are as indicated below. The dosage may be adjusted depending on the patient’s age, body weight, symptoms and purpose of use. In the case of multiple-dose administration, a total dosage of 250 mL should not be exceeded.

<table>
<thead>
<tr>
<th>Radiological examination</th>
<th>IOMERON 300 Injection Syringe</th>
<th>IOMERON 350 Injection Syringe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40 - 100 mL</td>
<td>40 - 100 mL</td>
</tr>
<tr>
<td>Visualization in computed tomography</td>
<td>40 - 100 mL</td>
<td>In the case of visualization in dynamic computed tomography of hepatic region, 1.8 mL/kg dose may be administered intravenously depending on body weight. (Minimal dosage is 135 mL.)</td>
</tr>
<tr>
<td>Intraangiography</td>
<td>40 - 100 mL</td>
<td>30 - 100 mL</td>
</tr>
<tr>
<td>Cerebral angiography</td>
<td>5 - 15 mL</td>
<td>—</td>
</tr>
<tr>
<td>Angiocardioigraphy</td>
<td>Intracardiac</td>
<td>20 - 50 mL</td>
</tr>
<tr>
<td>Coronary arteries</td>
<td>—</td>
<td>3 - 10 mL</td>
</tr>
<tr>
<td>Thoracic angiography</td>
<td>5 - 50 mL</td>
<td>5 - 50 mL</td>
</tr>
<tr>
<td>Abdominal angiography</td>
<td>5 - 60 mL</td>
<td>5 - 60 mL</td>
</tr>
<tr>
<td>Peripheral angiography</td>
<td>10 - 80 mL</td>
<td>10 - 80 mL</td>
</tr>
<tr>
<td>Intravenous digital subtraction angiography</td>
<td>10 - 50 mL</td>
<td>10 - 50 mL</td>
</tr>
<tr>
<td>Intraarterial digital subtraction angiography</td>
<td>3 - 40 mL</td>
<td>3 - 40 mL</td>
</tr>
</tbody>
</table>

The dosage according to body weight of IOMERON 350 Injection Syringe is referred to “<precaution>.”

The dosage (IOMERON 350 Injection Syringe) according to body weight for the case of visualization in dynamic computed tomography of hepatic region is referred to the following table.

<table>
<thead>
<tr>
<th>Body Weight (kg)</th>
<th>Dosage (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;56</td>
<td>40 - 100 mL</td>
</tr>
<tr>
<td>60</td>
<td>108 (1.8 mL/kg body weight)</td>
</tr>
<tr>
<td>65</td>
<td>117 (1.8 mL/kg body weight)</td>
</tr>
<tr>
<td>70</td>
<td>126 (1.8 mL/kg body weight)</td>
</tr>
<tr>
<td>75</td>
<td>135 (1.8 mL/kg body weight)</td>
</tr>
<tr>
<td>75&lt;</td>
<td>135</td>
</tr>
</tbody>
</table>

PRECAUTIONS

1. Careful Administration (IOMERON should be administered with care in the following patients.)
   (1) Patients with a personal or familial predisposition to allergic reactions, such as bronchial asthma, rash or urticaria, etc.
   (2) Patients with a history of drug hypersensitivity
   (3) Patients with symptoms of dehydration
   [Symptoms of dehydration may be aggravated.]
   (4) Patients with hypertension
   [Hemodynamics may be adversely affected.]
   (5) Patients with arteriosclerosis
   [Hemodynamics may be adversely affected.]
   (6) Patients with diabetes mellitus
   [Renal functions may be impaired.]
   (7) Patients with thyropathy
   [Symptoms may be aggravated due to changes in thyroid gland function because the blood iodine concentration may increase in the thyroid gland.]
   (8) Patients with impaired hepatic functions
   [Hepatic functions may be further impaired. See “Relative Contraindications” section.]
   (9) Patients with impaired renal functions
   [Renal functions may be further impaired. See “Relative Contraindications” section.]
   (10) Patients with acute pancreatitis
   [Symptoms may be aggravated. See “Important Precautions” section.]
   (11) Patients with myasthenia gravis
   [Symptoms may be aggravated. Cardiopulmonary arrest has been reported.]
   (12) Patients with central nerve system disorders
   [Cerebrovascular disorder or convulsions, etc. may occur.]
   (13) The elderly
   [See “Use in the Elderly” section.]
   (14) Infants and pediatric patients
   [See “Pediatric Use” section.]

2. Important Precautions
   (1) Patients should be carefully interviewed to prepare for shock or any other emergency.
   (2) Hypersensitive reactions may occur after administering IOMERON, regardless of dose or route of administration. Shock or other serious adverse reactions resulting from its use are not always due to hypersensitive reac-
3. Drug Interactions

Precautions for coadministration (IOMERON should be administered under emergency measures on standby.

(3) Patients should be carefully observed for hypersensitive reactions since it begins to administer IOMERON. In the event of abnormal symptoms, administration should be discontinued immediately and appropriate measures taken.

(4) During and after the injection of IOMERON, the patient’s condition should be carefully observed, because serious delayed adverse reactions (including shock), etc. may occur.

(5) When IOMERON is administered to outpatients, it should be explained that delayed adverse reactions may occur 1 hr to several days after administration. They should be advised to contact their physician immediately, if symptoms such as nausea, chest pain, back pain, fever, eruptions, itching, etc. which appear to be adverse reactions to IOMERON, occur. [See “Clinical studies” section.]

(6) Since iodinated contrast media may cause renal disorder, fluid replacement/infusion may be appropriate. Particularly in patients with acute pancreatitis, patients should receive sufficient intravenous fluids before and after the administration of IOMERON in accordance with guidelines.

4. Adverse Reactions

Adverse reactions were reported in 398 of 7,820 patients (5.09%). (At the end of reexamination period and at the time of additional approval of dosage and administration on visualization in dynamic computed tomography of hepatic region)

(1) Clinically significant adverse reactions

1) Shock

Syncope, unconsciousness, dyspnea, respiratory arrest, cardiac arrest or other symptoms due to shock (including delayed reactions) (<0.1%) may occur. Patients should be carefully observed, since even mild hypersensitivity symptoms may develop into serious symptoms. In the event of such symptoms, appropriate measures should be taken immediately.

2) Anaphylactoid reactions

Anaphylactoid reactions (including delayed reactions) (<0.1%) such as dyspnea or pharyngolaryngeal edema may occur. Patients should be carefully observed. In the event of such symptoms, appropriate measures should be taken immediately.

3) Pulmonary edema

Pulmonary edema (<0.1%) may occur. In the event of such symptoms, appropriate measures should be taken immediately.

4) Acute respiratory distress syndrome

Acute respiratory distress syndrome (incidence unknown) may occur. In the event of such symptoms, appropriate measures should be taken immediately.

5) Ventricular fibrillation and coronary artery spasm

Ventricular fibrillation (incidence unknown) or coronary artery spasm (incidence unknown) may occur. In the event of such symptoms, appropriate measures should be taken immediately.

6) Hepatic function disorders and jaundice

Hepatic function disorders (<0.1%) such as elevation of AST (GOT), ALT (GPT) or γ-GTP, or jaundice (incidence unknown) may occur. In the event of such abnormal findings, appropriate measures should be taken immediately.

7) Cerebrovascular disorders

Ischemic or permanent cerebral circulatory failure (cerebral ischemia) (incidence unknown) may occur. In the event of such abnormal findings, appropriate measures should be taken immediately.

8) Convulsive seizure

Convulsive seizure (<0.1%) may occur. In the event of such symptoms, appropriate measures should be taken immediately.

9) Disturbed consciousness and syncope

Disturbed consciousness (incidence unknown) and syncope (incidence unknown) without shock may occur. Patients should be carefully observed, and if symptoms such as decreased consciousness occur, appropriate measures should be taken immediately.

10) Paralysis

Paralysis (incidence unknown) during cerebral angiography has been reported. Patients should be carefully observed. In the event of such symptoms, appropriate measures should be taken immediately.

11) Renal failure

Acute renal failure (<0.1%) may occur. Patients should be carefully observed. In the event of such symptoms, appropriate measures should be taken immediately.

12) Thrombocytopenia

Thrombocytopenia (incidence unknown) may occur. Patients should be carefully observed. In the event of such symptoms, appropriate measures should be taken immediately.

13) Dermatologic disorders

Oculo-muco-cutaneous syndrome (Stevens-Johnson syndrome) (incidence unknown) may occur. Patients
should be carefully observed, and if symptoms such as fever, erythema, itching, eye hyperemia, stomatitis, etc. occur, appropriate measures should be taken immediately.

(2) Other adverse reactions

<table>
<thead>
<tr>
<th>Hypersensitivity</th>
<th>Psychoneurologic</th>
<th>Gastrointestinal</th>
<th>Cardiovascular</th>
<th>Respiratory</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash, redness, itching, urticaria and wheals</td>
<td>Headache</td>
<td>Nausea and vomiting</td>
<td>Decrease in blood pressure</td>
<td>Sneezing and coughing</td>
<td>Fever, malaise and feeling of warmth</td>
</tr>
<tr>
<td>Photophobic sensation, dizziness, tremor, feeling of light-headedness, sleepiness (somnolence) and aphasia</td>
<td></td>
<td>Thirst, abdominal pain, increase in saliva and diarrhea</td>
<td>Bradycardia, extrasystoles, increase in blood pressure, ST depression, tachycardia and palpitations</td>
<td>Dyspnoea, rhinitis, stridor and abnormal pharyngo-laryngeal sensation</td>
<td>Chest pain, increased sweating, elevation of BUN and serum potassium, rigors, back pain, numbness, conjunctivitis, edema, facial hot flashes, vascular pain, elevation of serum creatinine, taste abnormality and dysosmia</td>
</tr>
<tr>
<td>Visual disturbance such as transient blindness, weakness, amnesia, speech disorder and anxiety (unrest)</td>
<td></td>
<td>Oral cavity discomfort, stomatitis and anorexia</td>
<td>Facial pallor, heart failure, cyanosis and arrhythmia</td>
<td>Hoarseness</td>
<td>Hiccups, lacrimation, anuria and eye abnormalities</td>
</tr>
</tbody>
</table>

Note: In the event of such symptoms, treatment should be discontinued and appropriate measures taken.

5. Use in the Elderly

IOMERON is excreted mainly through the kidneys. As renal functions are often lower in the elderly, there is a tendency for the blood concentration will remain high. IOMERON should be administered carefully to the elderly, observing their condition.

6. Use during Pregnancy, Delivery or Lactation

(1) IOMERON should only be used in pregnant women or women suspected of being pregnant provided that the expected diagnostic benefits are evaluated to outweigh the possible risk of treatment. [The safety of IOMERON in pregnant women has not been established, and it is used in combination with X rays.]

(2) Nursing mothers should discontinue breast feeding temporarily during treatment. [In animal studies (rats, i.v.), it has been reported that IOMERON is excreted in breast milk.]

7. Pediatric Use

The safety in low birth weight infants, neonates, nursing infants, infants and children has not been established (insufficient clinical experience).

8. Effects on Laboratory Tests

When it is necessary to carry out a diagnostic procedure using radioactive iodine such as thyroid gland function testing, it should be done before administering IOMERON. In addition, no testing with radioactive iodine should be done within one month of using IOMERON. (It may influence the test results.)

9. Precautions concerning Use

(1) Route of administration

Never use IOMERON for cisternography or myelography.

(2) Rate of administration

In IOMERON 350 Injection Syringe, rate of administration is up to 5.0mL/second in the case of visualization in dynamic computed tomography of hepatic region. The safety in rate of administration more than 5.0mL/second has not been established.

(3) Preparatory measures

1) Heat IOMERON to body temperature before use.
2) Do not restrict patients’ water intake before use.
3) In urography, gas should be eliminated from the intestines beforehand and the patients should be fasted until the radiographic procedure has been completed.

(4) Administration

1) Vascular pain may occur after intravenous administration of IOMERON.
2) In an in vitro study, nonionic contrast media have a weaker blood coagulation inhibiting effect than ionic contrast media. Therefore, prior to angiography, thoroughly flush out the catheter. When injecting IOMERON, avoid leaving it in contact with blood in a syringe or a catheter for long periods of time.
3) If IOMERON is mixed with antimetabolites or adrenocortical hormone preparations, this may cause changes of compatibility. Therefore, they should be administered separately when used concomitantly.
4) Since redness, swelling, blister, vascular pain or other symptoms may occur when contrast media leak out of a vascular vessel, they should be administered carefully.

5) Precaution during administration

If IOMERON should be used in power injector, infusion pressure is not over 13kg/cm² (185PSI).

(5) Post-administration

Post-administration, let patients take enough water to aid the excretion of the contrast medium.

(6) Opening package

IOMERON should be used promptly after opening package.

PHARMACOKINETICS

(Reference)

1. Blood concentration and urinary excretion

In 10 healthy adult male volunteers who were administered at intravenously at a single dose of 40 or 80 mL (note3) of iomeprol 400mg/mL at a rate of 10 mL/min, changes in the plasma iodine concentration were practically in proportion to the dose and, after administration, the plasma iodine
concentration declined in a biphasic manner. The elimination half-life in plasma was 22.3 min for $t_{1/2\alpha}$ (distribution phase) and 1.95 hr for $t_{1/2\beta}$ (excretion phase). The volume of central compartment (Vc) was 0.11 L/kg and total plasma clearance was 99.0 mL/min.

Further, the urinary excretion rate of the unchanged drug was 80.0 % of dosage up to 4 hr and 97.5 % up to 24 hr after administration. 1)

Note) A single dose of 80mL of iomeprol 400mgI/mL is unapproved.

## Pharmacokinetic parameters after single intravenous administration at a single dose of iomeprol 400 mg I/mL

<table>
<thead>
<tr>
<th>PK parameter</th>
<th>Normal (n=10)</th>
<th>Mildly Impaired (n=10)</th>
<th>Moderately Impaired (n=10)</th>
<th>Severely Impaired (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$t_{1/2\alpha}$ (min)</td>
<td>22.3±6.79</td>
<td>19.5±0.15</td>
<td>0.11±0.02</td>
<td>0.24±0.05</td>
</tr>
<tr>
<td>$t_{1/2\beta}$ (hr)</td>
<td>22.3±6.79</td>
<td>19.5±0.15</td>
<td>0.11±0.02</td>
<td>0.24±0.05</td>
</tr>
<tr>
<td>Vc (L/kg)</td>
<td>8.3±1.7</td>
<td>8.7±0.9</td>
<td>8.2±2.5</td>
<td>10.7±3.3</td>
</tr>
<tr>
<td>Vd (L/kg)</td>
<td>59±25</td>
<td>60±18.2</td>
<td>51±16.5</td>
<td>47±9.0</td>
</tr>
<tr>
<td>CL (mL/min)</td>
<td>88.3±30</td>
<td>60±18.2</td>
<td>27±7.5</td>
<td>10±1.8</td>
</tr>
<tr>
<td>CLR (mL/min)</td>
<td>120±30</td>
<td>72±9.8</td>
<td>38±6.8</td>
<td>20±3.16</td>
</tr>
<tr>
<td>GFR (mL/min)</td>
<td>93±5.5</td>
<td>90±4.6</td>
<td>85±9.0</td>
<td>68±10.6</td>
</tr>
<tr>
<td>FE (%)</td>
<td>93±5.5</td>
<td>90±4.6</td>
<td>85±9.0</td>
<td>68±10.6</td>
</tr>
</tbody>
</table>

Note 1) n=5  Note 2) Inulin clearance measurement method.

## Clinical Studies

### Effectiveness

1. Computed tomography and urography

The radiographic efficacy in 226 patients (those included in radiographic efficacy evaluation) reported in open labeled clinical trials was 100%. 3, 4)
2. Overall usefulness

In 228 patients (those included in overall usefulness evaluation) in open labeled clinical trials, the overall usefulness evaluated in consideration of ease of handling and sanitary advantages was 89.9% (205 patients). This evaluation included “easier to handle compared to conventional vial preparations” or better ratings. 3, 4)

3. Delayed adverse reactions

(1) A breakdown by time of occurrence of delayed adverse reactions which occurred 1 hr after the injection of IOMERON 300 Injection, 350 Injection, 400 Injection (vial) and IOMERON 300 Injection Syringe, 350 Injection Syringe or thereafter in clinical trial at approval is shown in the table below. 3, 4, 6)

<table>
<thead>
<tr>
<th>No. of patients assessed</th>
<th>Within 1 hr</th>
<th>Within 3 hr</th>
<th>Within 6 hr</th>
<th>Within 12 hr</th>
<th>Within 24 hr</th>
<th>After 24 hr</th>
<th>Total No. of events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>114 (70.4)</td>
<td>20 (12.3)</td>
<td>8 (4.9)</td>
<td>4 (2.5)</td>
<td>7 (4.3)</td>
<td>9 (5.6)</td>
<td>162 (100.0)</td>
</tr>
</tbody>
</table>

* Except for abnormal in laboratory test values:

Tables in parentheses indicate % of total (%): %

(2) A breakdown by time of occurrence of delayed adverse reactions which occurred 1 hr after the injection of IOMERON 350 Injection (vial) and IOMERON 350 Injection Syringe or thereafter in clinical trial at approval of dosage and administration on visualization in dynamic computed tomography of hepatic region is shown in the table below.

<table>
<thead>
<tr>
<th>No. of patients assessed</th>
<th>Within 1 hr</th>
<th>Within 3 hr</th>
<th>Within 6 hr</th>
<th>Within 12 hr</th>
<th>Within 24 hr</th>
<th>After 24 hr</th>
<th>Total No. of events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 (46.2)</td>
<td>0 (0.0)</td>
<td>1 (7.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>6 (4.2)</td>
<td>13 (100.0)</td>
</tr>
</tbody>
</table>

* Except for abnormal in laboratory test values:

Tables in parentheses indicate % of total (%): %

Adverse reactions which occurred 1 hr after the injection of IOMERON were itching in 1 patient, rash in 1 patient, malaise in 1 patient, feeling of discomfort in 1 patient, increase in blood pressure in 1 patient, bronchitis in 1 patient and epistaxis in 1 patient.

In clinical trial, laboratory test values were determined within 3 days. Abnormal in laboratory test values which occurred 1 day after the injection of IOMERON were 5 patients (leucopenia in 2 patients, leukocytosis in blood bilirubin increase 1 patient, in 1 patient, elevation of ALT (GPT) in 1 patient. 5)

**PHYSICOCHEMISTRY**

Nonproprietary name: Iomeprol (JAN, INN)

Chemical name:

diastereomeric mixture of N, N’-bis (2,3-dihydroxypropyl)-5-[hydroxyacetyl] methylamino]-2,4,6-triiodo-1,3-benzenedicarboxamide

Molecular formula: C_{17}H_{22}I_{3}N_{3}O_{8}

Molecular weight: 777.09

Structural formula:

![Structural formula](image)

Description:

Iomeprol occurs as a white crystalline powder. It is odorless. It is very soluble in water, soluble in methanol, slightly soluble in ethanol (99.5), and practically insoluble in chloroform and in diethyl ether.

An aqueous solution (1 in 10) shows no optical rotation.

Partition coefficient: 2.972×10^{-3} (water : 1-octanol)

**PACKAGING**

IOMERON 300 Injection Syringe 50 mL:

Boxes of 5 syringes

IOMERON 300 Injection Syringe 75 mL:

Boxes of 5 syringes

IOMERON 300 Injection Syringe 100 mL:

Boxes of 1 or 5 syringes

IOMERON 350 Injection Syringe 50 mL:

Boxes of 5 syringes

IOMERON 350 Injection Syringe 75 mL:

Boxes of 5 syringes

IOMERON 350 Injection Syringe 100 mL:

Boxes of 1 or 5 syringes

IOMERON 350 Injection Syringe 135 mL:

Boxes of 1 or 5 syringes

**REFERENCES**

REQUEST FOR LITERATURE AND PRODUCT INFORMATION SHOULD BE MADE TO:
Customer information Service
FreeDial: 0120-419-497
Eisai Co., Ltd.

Manufactured and marketed by:
Bracco-Eisai Co., Ltd.
11-6, Otsuka 3-chome, Bunkyo-ku, Tokyo, 112-0012

Marketed by:
Eisai Co., Ltd.
6-10, Koishikawa 4-chome, Bunkyo-ku, Tokyo, 112-8088

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