Ready-to-use CARDENE® I.V. (nicardipine hydrochloride) Premixed Injection is a calcium ion influx inhibitor (slow channel blocker or calcium channel blocker). It is indicated for the short-term treatment of hypertension when oral therapy is not feasible or not desirable. For prolonged control of blood pressure, transfer patients to oral medication as soon as their clinical condition permits.1

Ready-to-use CARDENE I.V. is available as a sterile, nonpyrogenic, clear, colorless to yellow, iso-osmotic solution for intravenous administration in a 200 mL GALAXY® container with 20 mg (0.1 mg/mL) or 40 mg (0.2 mg/mL) nicardipine hydrochloride in either dextrose or sodium chloride.1

A Premixed Formulation

Ready-to-use CARDENE I.V. is the only available FDA-approved premixed formulation of nicardipine hydrochloride. It offers these ready-to-use benefits:

- Immediately available for rapid intervention
- Minimizes medication admixture errors
- Can be stored at point of care
- Supports The Joint Commission standards and American Society of Health-System Pharmacists guidelines for dispensing and storing medications2,3
  - "Medications are dispensed in the most ready-to-administer forms commercially available…"2
  - "Whenever possible, medications shall be available for inpatient use in single-unit packages and in a ready-to-administer form."3
- Ready-to-use bags save time and labor4,5

Indication

CARDENE® I.V. (nicardipine hydrochloride) Premixed Injection is indicated for the short-term treatment of hypertension when oral therapy is not feasible or not desirable. For prolonged control of blood pressure, transfer patients to oral medication as soon as their clinical condition permits.1

Important Safety Information

CARDENE I.V. is contraindicated in patients with advanced aortic stenosis.

Hypotension and reflex tachycardia may potentially occur during treatment with CARDENE I.V.; therefore, close monitoring of blood pressure and heart rate is required. If unacceptable hypotension or tachycardia occurs, the infusion should be discontinued.

Slow titration of CARDENE I.V. is recommended in patients with heart failure or significant left ventricular dysfunction, particularly in combination with a beta-blocker.

Close monitoring of response to CARDENE I.V. is advised in patients with angina, heart failure, impaired hepatic function, or renal impairment.

To reduce the possibility of venous thrombosis, phlebitis, local irritation, and extravasation, administer CARDENE I.V. through large peripheral veins or central veins rather than arteries or small peripheral veins. If CARDENE I.V. is administered in a peripheral vein, to minimize the risk of venous irritation, change the site of infusion every 12 hours.

The most common adverse reactions (>3%) are headache, nausea/vomiting, hypotension,
and tachycardia.

Please see full Prescribing Information.

*Galaxy® is a registered trademark of Baxter International Inc.