Are you seeing the whole picture?
Lowest viscosity of all the monomers at 350-370 concentration

- Low viscosity allows for easy injection through small diameter catheters²
- Low viscosity provides better flow through small blood vessels and capillaries²
- Low viscosity allows for high-speed injection³

OXILAN® gives you both patient comfort and

**The whole picture on viscosity**

Compare the viscosity of OXILAN®

**VISC cPs at 20°C**

<table>
<thead>
<tr>
<th>Monomers</th>
<th>Dimers</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXILAN® 350</td>
<td>16.3</td>
</tr>
<tr>
<td>Omnopaque™ 350</td>
<td>20.4</td>
</tr>
<tr>
<td>Isovue® 370</td>
<td>20.9</td>
</tr>
<tr>
<td>Ultravist® 370</td>
<td>22</td>
</tr>
<tr>
<td>Hexabrix® 320</td>
<td>15.7</td>
</tr>
<tr>
<td>Visipaque™ 320</td>
<td>8.1</td>
</tr>
</tbody>
</table>

- 20% less viscosity than Omnique
- 39% less viscosity than Visipaque

**VISC cPs at 37°C**

<table>
<thead>
<tr>
<th>Monomers</th>
<th>Dimers</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXILAN® 350</td>
<td>8.1</td>
</tr>
<tr>
<td>Omnopaque™ 350</td>
<td>10.4</td>
</tr>
<tr>
<td>Isovue® 370</td>
<td>9.4</td>
</tr>
<tr>
<td>Ultravist® 370</td>
<td>10</td>
</tr>
<tr>
<td>Optiray® 350</td>
<td>9</td>
</tr>
<tr>
<td>Hexabrix® 320</td>
<td>7.5</td>
</tr>
<tr>
<td>Visipaque™ 320</td>
<td>11.8</td>
</tr>
</tbody>
</table>
Lowest osmolality of all monomers

- Low osmolality improves patient comfort and minimizes patient movement
  - In a randomized, parallel, double-blind, controlled study of 112 patients, OXILAN® was well tolerated on patient measures of pain and warmth

- In an aversion conditioning animal study, the threshold of vascular pain was determined to be approximately 750 to 800 mOsm

*The clinical significance of this data is not known.*
Renal Safety

The OXILAN® balance of low viscosity and low osmolality may help reduce the risk of renal complications.*

• OXILAN® has a renal safety profile similar to iohexol®

• High viscosity contrast media (CM) can be responsible for hypoperfusion of the inner medulla and cortex in animal studies.

• High viscosity can significantly reduce renal blood flow from baseline.

• Osmolality is not a factor in decreasing renal blood flow or glomerular filtration.

• A low osmolar dimeric CM may have a greater potential for cytotoxic effects on proximal renal tubular cells than monomeric CMs* (in vitro study)

Arrhythmia

OXILAN® contains sodium (9 mmol/L Na) with a citrate buffer

• The addition of sodium to CM solutions has been shown to reduce the risk of ventricular fibrillation (VF) in animal studies.

  – OXILAN® produced a much lower incidence of VF compared to other nonionic monomers studied (ioversol®, iomeprol®, iopromide®, iohexol)

Hemodynamics

In these studies vs iohexol, OXILAN®:

• significantly decreased platelet aggregation and activation (clinical study, N=37)

• had less effect on the endothelium (animal study, electron micrograph of aortic rings)

• had minimal effect on mean blood pressure and heart rate (animal study)

• had no negative inotropic effect (animal study)

*The clinical significance of this data is not known. Please see full Prescribing Information for complete disclosure of safety risks and warnings.
The molecular structure of OXILAN® provides both patient comfort and the visibility you need.
The whole picture on the OXILAN® Balance

Indications
OXILAN® is available in 2 concentrations for the following indications:

Intra-arterial
OXILAN® (Ioxilan) Injection (300 mgI/mL) is indicated for cerebral arteriography.
OXILAN® (Ioxilan) Injection (350 mgI/mL) is indicated for coronary arteriography and left ventriculography, visceral angiography, aortography, and peripheral arteriography.

Intravenous
OXILAN® (Ioxilan) Injection (300 mgI/mL) and OXILAN® (Ioxilan) Injection (350 mgI/mL) are indicated for excretory urography and contrast enhanced computed tomographic (CECT) imaging of the head and body.

Viscosity is determined by the size of the molecules in solution.

Osmolality is determined by the number of molecules in solution.

The low viscosity characteristic of a monomer is balanced with the low osmolality provided by the hydrophobic region of the molecule.
References:

1. Data on file. Guerbet LLC.


When you see the whole picture, OXILAN® looks like the right choice

• Low viscosity for easy administration

• Lowest osmolality of all monomers contributes to patient comfort

• Unique molecular structure contributes to patient comfort and rapid renal clearance

• Contains sodium citrate to reduce the risk of ventricular fibrillation

• Excellent hemodynamic profile

Product Information
OXILAN® (loixlan) Injection Nonionic Contrast Agent is a water-soluble, triiodinated contrast medium administered by intravascular injection to enhance radiographic visualization and diagnosis.

All OXILAN® vials are manufactured latex-free.

NOT FOR INTRATHECAL USE

Serious adverse reactions have been reported due to the inadvertent intrathecal administration of iodinated contrast media that are not indicated for intrathecal use. These serious adverse reactions include: death, convulsions, cerebral hemorrhage, coma, paralysis, arachnoiditis, acute renal failure, cardiac arrest, seizures, rhabdomyolysis, hyperthermia, and brain edema. Special attention must be given to insure that this drug product is not administered intrathecally.

Nonionic iodinated contrast media inhibit blood coagulation, in vitro, less than ionic contrast media. The use of plastic syringes in place of glass syringes has been reported to decrease but not eliminate the likelihood of in vitro clotting.

Serious, rarely fatal, thromboembolic events causing myocardial infarction and stroke have been reported during angiographic procedures with both ionic and nonionic contrast media. Therefore, meticulous intravascular administration technique is necessary, particularly during angiographic procedures, to minimize thromboembolic events.

Please see accompanying full Prescribing Information

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For more information, please call 877.729.6679 or visit our Web site at www.guerbet-us.com