

GIAPREZA® (Angiotensin II) Pocket Guide



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Introduction

Giapreza (angiotensin II) is indicated for the treatment of **refractory hypotension** in adults with **septic or other distributive shock** who remain hypotensive despite adequate volume resuscitation and application of catecholamines and other vasopressor therapies. Giapreza is recommended as a **second-line therapy** in cases of **acute kidney injury (AKI)** or **recent ACE inhibitor (ACEI) use**.^{2,3,4,5,6}

This guide provides a quick reference for healthcare providers to ensure accurate dosing, administration, and monitoring of Giapreza in critical care settings.

Purpose of this Guide

This guide includes:

- **Dosing and Infusion Tables:** Provides infusion rates in µg per hour and mL per hour for two solution concentrations (5,000 ng/ml and 10,000 ng/ml), accommodating various clinical needs, including fluid restrictions.
- **Titration Flowchart:** Provides guidance on when to initiate, adjust, or discontinue therapy.

Dosing Instructions

- **Starting Dose:** Begin Giapreza infusion according to patient weight, as indicated in the [dosing tables](#). For example, at 20 ng/kg/min, a 50 kg patient would receive 60 ng/min, while a 70 kg patient would receive 84 ng/min.
- **Adjustments and Monitoring:** Adjust doses based on MAP and clinical response, referring to the weight-based steps provided in the dosing tables. Typical adjustments range from 10 to 40 ng/kg/min. For exact adjustment guidelines, refer to the [Titration Flowchart](#).

Storage and Preparation¹

- **Storage:** Keep Giapreza refrigerated at 2–8 °C. Use diluted solutions within 24 hours.
- **Dilution:** Dilute Giapreza in 0.9% sodium chloride solution before administration and use a **central venous line** for infusion. Refer to the **5,000 ng/ml and 10,000 ng/ml tables** to select the appropriate concentration based on patient fluid needs.

GIAPREZA® ▽
(Angiotensin II)
Konzentrat zur Herstellung einer Infusionslösung

Giapreza® Dosing Table

(Consumption in µg per 1 Hour Infusion)

	Body Weight (kg)							
ng/kg KG/min	50	60	70	80	90	100	110	120
10	30	36	42	48	54	60	66	72
20	60	72	84	96	108	120	132	144
30	90	108	126	144	162	180	198	216
40	120	144	168	192	216	240	264	288

Giapreza® Dosing Table

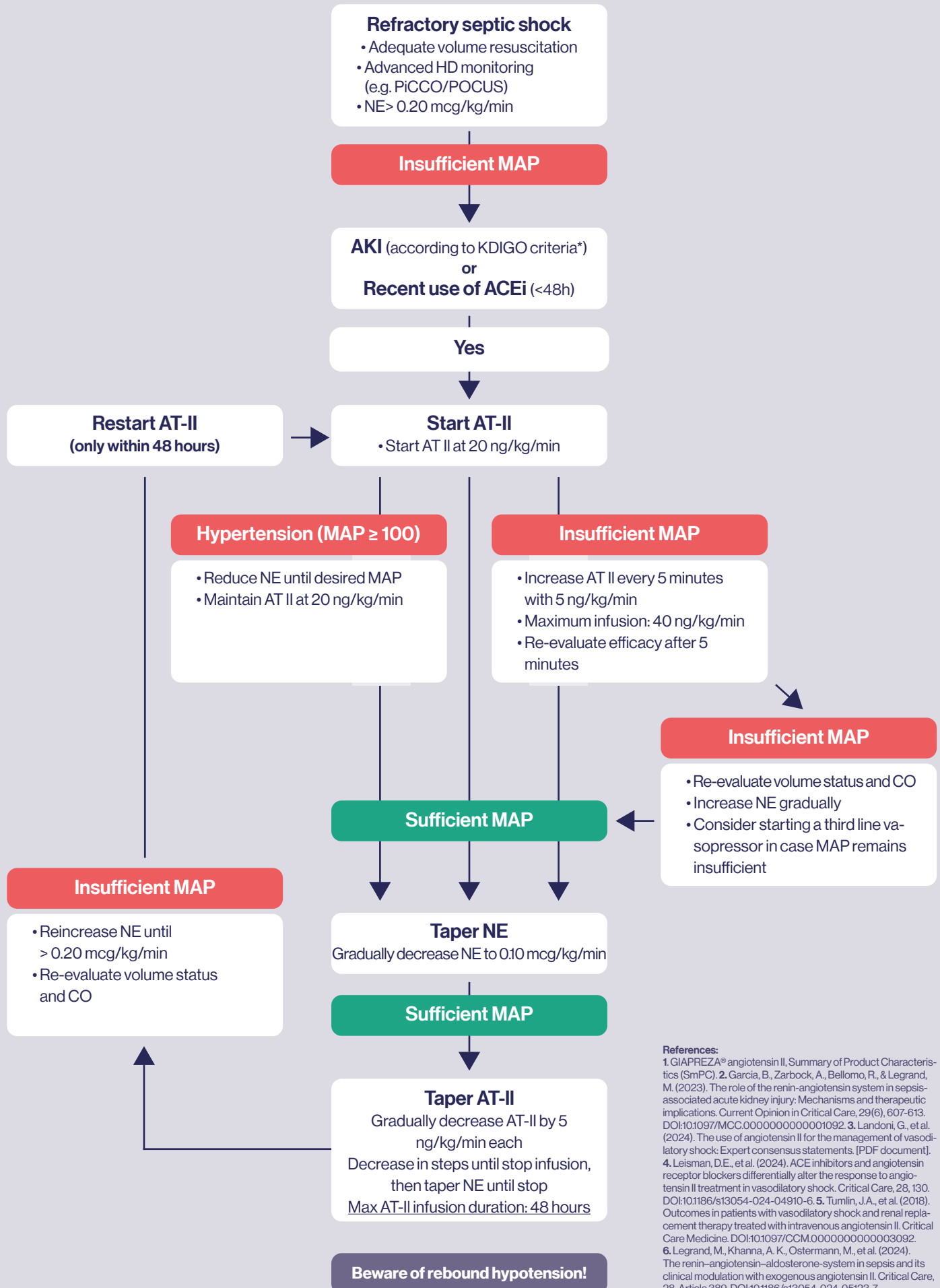
(Consumption in ml per 1 Hour Infusion; 5,000 ng/ml Solution, 500 ml)

	Body Weight (kg)							
ng/kg KG/min	50	60	70	80	90	100	110	120
10	6	7.2	8.4	9.6	10.8	12	13.2	14.4
20	12	14.4	16.8	19.2	21.6	24	26.4	28.8
30	18	21.6	25.2	28.8	32.4	36	39.6	43.2
40	24	28.8	33.6	38.4	43.2	48	52.8	57.6

Giapreza® Dosing Table

(Consumption in ml per 1 Hour Infusion; 10,000 ng/ml Solution, 250 ml)

	Body Weight (kg)							
ng/kg KG/min	50	60	70	80	90	100	110	120
10	3	3.6	4.2	4.8	5.4	6	6.6	7.2
20	6	7.2	8.4	9.6	10.8	12	13.2	14.4
30	9	10.8	12.6	14.4	16.2	18	19.8	21.6
40	12	14.4	16.8	19.2	21.6	24	26.4	28.8



References:
 1. GIAPREZA® angiotensin II, Summary of Product Characteristics (SmPC). 2. Garcia, B., Zarbock, A., Bellomo, R., & Legrand, M. (2023). The role of the renin-angiotensin system in sepsis-associated acute kidney injury: Mechanisms and therapeutic implications. *Current Opinion in Critical Care*, 29(6), 607-613. DOI:10.1097/MCC.0000000000001092. 3. Landoni, G., et al. (2024). The use of angiotensin II for the management of vasodilatory shock: Expert consensus statements. [PDF document]. 4. Leisman, D.E., et al. (2024). ACE inhibitors and angiotensin receptor blockers differentially alter the response to angiotensin II treatment in vasodilatory shock. *Critical Care*, 28, 130. DOI:10.1186/s13054-024-04910-6. 5. Tumlin, J.A., et al. (2018). Outcomes in patients with vasodilatory shock and renal replacement therapy treated with intravenous angiotensin II. *Critical Care Medicine*. DOI:10.1097/CCM.0000000000003092. 6. Legrand, M., Khanna, A. K., Ostermann, M., et al. (2024). The renin-angiotensin-aldosterone-system in sepsis and its clinical modulation with exogenous angiotensin II. *Critical Care*, 28, Article 389. DOI:10.1186/s13054-024-05123-7.