SODIUM PHOSPHATE

**Indications and Usage:**

**1. Dermatologic Diseases**
- Psoriasis
- Severe bullous multiforme (Stevens-Johnson syndrome)
- Exfoliative dermatitis
- Severe adrenal dermatitis
- Mycosis fungoides

**2. Rheumatic Diseases**
- Scleroderma
- Systemic lupus erythematosus
- Rheumatoid arthritis
- Osteoarthritis
- Gout

**3. Collagen Diseases**
- During exacerbation or as maintenance therapy in maintaining control of symptoms of systemic lupus erythematosus
- Rheumatoid arthritis

**4. Dermatologic Diseases**
- Severe bullous multiforme (Stevens-Johnson syndrome)
- Exfoliative dermatitis
- Severe adrenal dermatitis
- Mycosis fungoides

**5. Angina**
- Angina pectoris
- Mitral stenosis
- Angina of effort

**6. Spastic Paralysis**
- Spastic paraplegia
- Predominantly spastic signs

**7. Antithrombotic**
- Prevention of deep vein thrombosis

**8. Anorexia**
- Anorexia nervosa

**9. Neoplasms**
- Soft tissue tumors
- Metastatic tumors

**10. Prolonged Hypoglycemia**
- Prolonged hypoglycemia

**11.17-Dihydroxy-16-methyl-21-(phosphonooxy)-
- Derivatives of hydrocortisone.

**INDICATIONS AND USAGE:**

**Injection, USP**
- Sodium phosphate: 10 mg (equiv. to 10 mg sodium phosphate, USP)
- Sodium chloride: 2 mg (equiv. to 2 mg sodium chloride, USP)
- Sodium citrate: 2 mg (equiv. to 2 mg sodium citrate, USP)

**DESCRIPTION:**
- Sodium phosphate injection, USP (Preservative-Free) contains dextrose which may be used as an energy source.

**CLINICAL PHARMACOLOGY:**
- Sodium phosphate injection, USP (Preservative-Free) contains disodium salt, 11.17-dihydroxy-16-methyl-21-(phosphonooxy) 
- Sodium phosphate is a white, powdery, free-flowing, odorless, tasteless, water-soluble organic salt, which is not absorbed from the alimentary tract. Its solution has a pH between 7.0 and 8.5.

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Dexamethasone Sodium Phosphate Injection, USP

**HOW SUPPLIED:**

Dexamethasone sodium phosphate injection, USP (Preservative Free), equivalent to 10 mg dexamethasone sodium phosphate, is supplied in a multiple dose vial as follows:

**Product**

<table>
<thead>
<tr>
<th>NDC</th>
<th>No.</th>
<th>Strength</th>
<th>Vial Size</th>
<th>Unit of packaged per mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>301410</td>
<td>10 mg</td>
<td>500 mL</td>
<td>10 mg per mL</td>
<td>packaged in 10 mL sterile single-use vials for injection</td>
</tr>
</tbody>
</table>

This container closure is not made with natural rubber latex.

**Storage:**

Store at 20° to 25°C (68° to 77°F) [see USP Container Conditioning (Temperature)]. Sensitive to heat. Do not autoclave.

**Protect from light.**

Single dose vials—Store in container until time of use. Discard unused portion.

Multiple dose vials—Store in container until contents are used.

**REFERENCES:**


**Precautions:**


**Precautions:**

Patients should be observed closely for signs that might require dosage adjustment, including changes in clinical status resulting from removal of the underlying disease or from drug responsiveness, and the effect of stress (e.g., surgery, infection, trauma). During stress it may be necessary to increase dosage temporarily. If this occurs, it should be stopped after more than the usual dosages for at least one day, if possible, because in some patients, even with drug withdrawal, a transient period of exacerbation may occur. When the intravenous route of administration is used, dosage usually should be the same as the oral dosage. In certain overwhelming, acute, life-threatening situations, however, administration may be justified and may be in multiples of the oral dosages. The slower rate of absorption by intranasal administration should be recognized.

**Shock:**

There is a tendency in current medical practice to use high (pharmacologic) doses of corticosteroids for the treatment of unresponsive shock. The following dosages of dexamethasone sodium phosphate injection have been suggested by various authors:

**Author**

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cavanagh</td>
<td>3 mg/kg of body weight per 24 hours for the treatment of unresponsive shock.</td>
</tr>
<tr>
<td>Frank</td>
<td>40 mg initially followed by repeat intravenous injection every 2 to 6 hours while shock persists</td>
</tr>
<tr>
<td>Schumer</td>
<td>1 mg/kg of body weight as a single intravenous injection</td>
</tr>
</tbody>
</table>

Administration of high dose corticosteroid therapy should be continued until the patient’s condition has stabilized and usually not longer than 48 hours. Although adverse reactions associated with high doses of corticosteroid therapy are uncommon, peptic ulceration may occur.

**Acute Allergic Disorders:**

In acute, self-limited allergic disorders or acute exacerbations of chronic allergic disorders, the starting dose is usually 50 milligrams initially followed by repeat intravenous injection every 4 to 6 hours while shock persists. In dosages exceeding the usual dosages may be justified and may be in multiples of the oral dosages. The slower rate of absorption by intranasal therapy should be recognized.

**REFERENCES:**


