

PRISMASOL 4

*Bicarbonate-Buffered Solution
for Continuous Haemodialysis,
Haemofiltration and Haemodiafiltration*



Ionic composition after mixing the 2 compartments:

Active substances	in mmol/l	in mEq/l
Sodium	140	140
Potassium	4	4
Calcium	1.75	3.5
Magnesium	0.5	1
Chloride	113.5	113.5
Bicarbonate	32	32
Lactate	3	3
Glucose	6.1	

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Prismasol 4 mmol/l Potassium solution for haemofiltration and haemodialysis.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Prismasol 4 mmol/l Potassium is presented in a two compartment bag containing in the smaller compartment A, the electrolyte solution, and in the larger compartment B, the buffer solution. The final reconstituted solution is obtained after breaking the frangible pin and mixing both solutions.

BEFORE RECONSTITUTION

1000 ml of electrolyte solution (small compartment A) contains:

active substances:

Calcium chloride, 2 H ₂ O	5.145 g
Magnesium chloride, 6 H ₂ O	2.033 g
Glucose anhydrous (as glucose monohydrate)	22.00 g
(S)-Lactic acid (as lactic acid solution 90 % w/w)	5.400 g

1000 ml of buffer solution (large compartment B) contains:

active substances:

Sodium chloride	6.45 g
Potassium chloride	0.314 g
Sodium hydrogen carbonate	3.090 g

AFTER RECONSTITUTION

1000 ml of the reconstituted solution contains:

active substances	in mmol/l	in mEq/l
Calcium Ca ²⁺	1.75	3.50
Magnesium Mg ²⁺	0.5	1.0
Sodium Na ⁺	140	140
Chloride Cl ⁻	113.5	113.5
Lactate	3	3
Hydrogen carbonate HCO ₃ ⁻	32	32
Potassium K ⁺	4	4
Glucose	6.1	

Each litre of the final reconstituted solution corresponds to 50 ml of solution A and 950 ml of solution B.

Theoretical Osmolarity: 301 mOsm/l

pH of the reconstituted solution: 7.0 - 8.5

For excipients, see 6.1

3. PHARMACEUTICAL FORM

Solution for haemofiltration and haemodialysis.

Clear reconstituted solution with a slightly yellow colour.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

Prismasol 4 mmol/l Potassium is used in the treatment of renal failure, as substitution solution in haemofiltration and haemodiafiltration and as dialysis solution in continuous haemodialysis or continuous haemodiafiltration.

Prismasol 4 mmol/l Potassium solution may also be used in case of drug poisoning with dialysable or filterable substances.

Prismasol 4 mmol/l Potassium solution is indicated in patients who are normokalaemic.

4.2 Posology and method of administration

Posology:

The volume of Prismasol 4 mmol/l Potassium used will depend on the clinical condition of the patient and the target fluid balance. The dose volume is therefore at the discretion of the responsible physician.

Flow rates for the substitution solution in haemofiltration and haemodiafiltration are:

Adult and adolescents: 500 - 3000 ml/hour

Children: 15 - 35 ml/kg/hour

Flow rates for the dialysis solution (dialysate) in continuous haemodialysis and continuous haemodiafiltration are:

Adult and adolescents: 500 - 2500 ml/hour

Children: 15 - 30 ml/kg/hour

Commonly used flow rates in adults are about 2000 ml/h which correspond to a daily amount of 55 l.

Method of administration:

Intravenous use and for haemodialysis.

Prismasol 4 mmol/l Potassium, when used as a substitution solution is administered into the circuit before (pre-dilution) or after the haemofilter (post-dilution). For further information on the use of the medicinal product see section 6.6 Instructions for use and handling.

4.3 Contra-indications

Solution dependent contra-indications

- Hyperkalaemia
- Metabolic alkalosis

Haemofiltration/- dialysis dependent contra-indications

- Renal failure with pronounced hypercatabolism, if the uraemic symptoms cannot be corrected with haemofiltration,
- Insufficient arterial pressure in the vascular access.
- Systemic anticoagulation (high risk of haemorrhage).

4.4 Special warnings and special precautions for use

The solution should be used only by, or under the direction of, a physician competent in renal failure treatments using haemofiltration, haemodiafiltration and continuous haemodialysis.

Warnings:

Check that the solutions are clear and that all seals are intact before mixing. Carefully follow the instructions for use.

The electrolyte solution **must** be mixed with the buffer solution **before use** to obtain the reconstituted solution suitable for haemofiltration/haemodiafiltration/continuous haemodialysis. Do not administer the solution unless it is clear. Aseptic technique must be used during connection / disconnection of the line sets.

Use only with an appropriate extra-renal replacement equipment.

Special precautions for use:

The heating of this solution to body temperature (37°C) must be carefully controlled verifying that the solution is clear and without particles.

Haemodynamic status, fluid balance, electrolyte and acid-base balance should be closely monitored throughout the procedure. Close monitoring of serum potassium levels must be carried out to enable the correct selection of the most appropriate potassium concentration.

The inorganic phosphate concentration should be measured regularly.

Inorganic phosphate must be substituted in cases of hypophosphataemia. Blood glucose concentration should be closely monitored, especially in diabetic patients. In case of fluid imbalance (example: cardiac failure, head trauma...), the clinical situation must be carefully monitored and balancing must be restored.

The use of contaminated haemofiltration and haemodialysis solution may cause sepsis, shock and death.

4.5 Interaction with other medicinal products

and other forms of interactions

The blood concentration of filterable/dialysable drugs may be reduced during treatment. Corresponding corrective therapy should be instituted if necessary. Interactions with other medications can be avoided by correct dosage of the solution for haemofiltration and haemodialysis and precise monitoring.

However, the following interactions are conceivable:

- The risk of digitalis-induced cardiac arrhythmia is increased during hypokalaemia;

- Vitamin D and medicinal products containing calcium, e.g. calcium carbonate as phosphate binder, can increase the risk of hypercalcaemia;
- Additional sodium bicarbonate substitution may increase the risk of metabolic alkalosis.

4.6 Pregnancy and lactation

There are no adequate data from the use of Prismasol 4 mmol/l Potassium in pregnant or lactating woman. The prescriber should consider the benefit/risk relationship before administering Prismasol 4 mmol/l Potassium to pregnant or breast-feeding woman.

4.7 Effects on ability to drive and use machines

Not relevant

4.8 Undesirable effects

Undesirable effects can result from the solution used or the treatment.

Bicarbonate-buffered haemofiltration and haemodialysis solutions are generally well tolerated. There have been no reports of adverse events or undesirable effects, that might possibly be associated with the bicarbonate-buffered solution for haemofiltration and haemodialysis. However, the following undesirable effects are conceivable: Hyper- or hyponatremia, electrolyte disturbances, hypophosphataemia, hyperglycaemia and metabolic alkalosis.

Some undesirable effects related to the dialysis treatments (haemofiltration and haemodialysis) can occur, such as nausea, vomiting, muscle cramps and hypotension.

4.9 Overdose

Overdose with Prismasol 4 mmol/l Potassium, should not occur if the procedure is carried out correctly and the fluid balance, electrolyte and acid-base balance of the patient are carefully monitored. However, overdose will result in fluid overload in patients with renal failure.

Continued application of haemofiltration will remove excess fluid and electrolytes. In case of hyperhydration, the ultrafiltration must be increased and the rate of administration of the solution for haemofiltration reduced. In the case of a severe dehydration it is necessary to cease ultrafiltration and to increase the inflow of solution for haemofiltration appropriately.

Overdose could lead to severe consequences, such as congestive heart failure, electrolyte or acid-base disturbances.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Hemofiltrates. ATC code: B05ZB

Prismasol 4 mmol/l Potassium, solution for haemofiltration and haemodialysis is pharmacologically inactive. The sodium, calcium, magnesium, potassium, chloride ions and glucose are present at concentrations similar to physiological levels in plasma.

The solution is used to replace water and electrolytes removed during haemofiltration and haemodiafiltration or to serve as a suitable exchange medium for use during continuous haemodiafiltration or continuous haemodialysis. Hydrogen carbonate is used as an alkalisng buffer.

5.2 Pharmacokinetic properties

Not relevant. The active ingredients are pharmacologically inactive and are present at concentrations similar to physiological plasma levels.

5.3 Preclinical safety data

All the ingredients of the solution are physiological components in animal and human plasma. Toxic effects are not expected at therapeutic doses.

6. PHARMACELTICAL PARTICULARS

6.1 List of excipients

Electrolyte solution (small compartment A): Water for injections

Buffer solution (large compartment B): Water for injections, Carbon dioxide

6.2 Incompatibilities

In the absence of compatibility studies, this product must not be mixed with other medicinal products. It is the responsibility of the physician to judge the incompatibility of an additive medication with the Prismasol 4 mmol/l Potassium solution by checking for eventual colour change and/or eventual precipitation, insoluble complexes or crystals. The instructions for use of the medication to be added must be consulted.

Before adding a drug, verify it is soluble and stable in water at the pH of Prismasol 4 mmol/l Potassium (pH of reconstituted solutions is 7.0 to 8.5).

The compatible medication must be added to the reconstituted solution and the solution must be administered immediately.

6.3 Shelf life

1 year as packaged for sale.

Chemical and physical in-use stability of the reconstituted solution has been demonstrated for 24 hours at 22°C. From a chemical point of view, the reconstituted solution should be used immediately. If not used immediately in-use storage times and conditions prior to use are the responsibility of the user and would not normally be longer than 24 hours including the duration of the treatment.

6.4 Special precautions for storage

Do not store below +4°C.

6.5 Nature and contents of container

The container made in Poly(vinyl chloride) (PVC) is a two compartment bag. The two compartments are separated by a frangible pin.

The large compartment B is fitted with an injection port for drug's admixture after reconstitution of the solution, as well as a luer connector for the connection of the bag with a suitable substitution fluid / dialysate line.

The bag is overwrapped with a transparent overpouch made of multilayer copolymers.

The 5000 ml PVC bag is composed of a small compartment (250 ml) and a large compartment bag (4750 ml).

Each two compartment bag contains 5000 ml.

Pack size: 2 x 5000 ml in a box.

6.6 Instructions for use and handling and disposal

The electrolyte solution (small compartment A) is added to the buffer solution (large compartment B) after breaking the frangible pin immediately before use.

A patient information leaflet with detailed instruction for use is enclosed in the box.

Aseptic technique should be used throughout administration to the patient:

Do not remove unit from overwrap until ready for use.

I. Remove the over-wrap from the bag and the sheet from between the folded compartments. Open the seal by breaking the frangible-pin between the two compartments of the bag. The frangible-pin will remain in the bag.

II. Make sure all the fluid from the small compartment A is transferred into the large compartment B.

III. Rinse the small compartment A **twice** by pressing the mixed solution back into the small compartment and then back into the large compartment B.

IV. When the small compartment A is empty, shake the large compartment B so that contents mix completely. The solution is now ready for use.

If the luer connector is used, first connect the replacement or dialysate line and then break the frangible pin in the luer connector. The bag should hang in all three hanging holes when used. Connect the substitution fluid/dialysate line. The reconstituted solution should be used immediately. If not used immediately, the reconstituted solution should be used within 24 hours including the duration of the treatment after addition of the electrolyte solution to the buffer solution.

The reconstituted solution is for single use only. Do not use if container is damaged or if solution is not clear. Discard any unused solution immediately after use.

7. MARKETING AUTHORIZATION HOLDER

Hospal International Marketing Management S.N.C.

61, avenue Tony Garnier - FR-69007 LYON - FRANCE.

8. MARKETING AUTHORIZATION NUMBER

Zul. Nr.: 1-25100 Austria; 359 561-4 France; Zul. Nr.: 56625.01.00 Germany; MT.Lnr 34572 Denmark; MT.nr 17941 Finland; PA 922/2/2 Ireland; MT.Lnr 02-1624 Norway; MT.nr 19182 Sweden; RVG 28877 The Netherlands; PL 17234/0011 United Kingdom; 2533 IE 3 F 12 Belgium; 4455580 Portugal.