PrismaSol Solution

PrismaSol	PrismaSol	PrismaSol	PrismaSol
BGK 4/2.5	BGK 2/3.5	BGK 0/2.5	B22GK 4/2.5
PrismaSol	PrismaSol	PrismaSol	PrismaSol
BGK 4/0/1.2	BGK 2/0	B22GK 4/0	B22GK 2/0
PrismaSol	PrismaSol		
BK 0/0/1.2	BK 0/3.5		

3 4 5

6

Sterile Hemofiltration and Hemodiafiltration Solution

7 **DESCRIPTION**

8 PrismaSol solution is a clear, sterile solution free of bacterial endotoxins. This solution is

9 used in Continuous Renal Replacement Therapies (CRRT) as a replacement solution in

10 hemofiltration and hemodiafiltration.

11

12 It contains no bacteriostatic or antimicrobial agents.

13

PrismaSol solution is packaged in a two-compartment bag. The small compartment A contains electrolytes and the large compartment B contains buffer. The final reconstituted solution (5000 mL) is obtained after breaking the red frangible pin between compartments A and B and mixing both solutions. The compositions of the solution before and after reconstitution are described in the following tables.

19

20 **BEFORE RECONSTITUTION**

21 1000 mL of electrolyte solution (small compartment A) contains (g):

22

	PrismaSol	PrismaSol	PrismaSol	PrismaSol
	BGK 4/2.5	BGK 2/3.5	BGK 0/2.5	B22GK 4/2.5
Calcium	3.68	5.15	3.68	3.68
chloride • 2H ₂ O				
Magnesium	3.05	2.03	3.05	3.05
chloride • 6H ₂ O				
Dextrose	20.0	20.0	20.0	20.0
anhydrous				
(as dextrose	22.0	22.0	22.0	22.0
monohydrate)			-	
Lactic acid	5.40	5.40	5.40	5.40

23

24 1000 mL of buffer solution (large compartment B) contains (g):

25

	PrismaSol BGK 4/2.5	PrismaSol BGK 2/3.5	PrismaSol BGK 0/2.5	PrismaSol B22GK 4/2.5
Sodium chloride	6.46	6.46	6.46	7.07
Sodium bicarbonate	3.09	3.09	3.09	2.21
Potassium chloride	0.314	0.157	0	0.314

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26

27 1000 mL of electrolyte solution (small compartment A) contains (g):

28

	PrismaSol BGK4/0/1.2	PrismaSol BGK 2/0	PrismaSol B22GK 4/0	PrismaSol B22GK 2/0	PrismaSol BK 0/0/1.2	PrismaSol BK 0/3.5
Calcium chloride • 2H ₂ O	0	0	0	0	0	5.15
Magnesium chloride • 6H ₂ O	2.44	2.03	3.05	3.05	2.44	2.03
Dextrose anhydrous	20.0	20.0	20.0	20.0	0	0
(as dextrose monohydrate)	22.0	22.0	22.0	22.0	0	0
Lactic acid	5.40	5.40	5.40	5.40	5.40	5.40

29

30 1000 mL of buffer solution (large compartment B) contains (g):

31

	PrismaSol	PrismaSol	PrismaSol	PrismaSol	PrismaSol	PrismaSol
	BGK4/0/1.2	BGK 2/0	B22GK 4/0	B22GK 2/0	BK 0/0/1.2	BK 0/3.5
Sodium chloride	6.46	6.46	7.07	7.07	6.46	6.46
Sodium	3.09	3.09	2.21	2.21	3.09	3.09
bicarbonate						
Potassium	0.314	0.157	0.314	0.157	0	0
chloride						

32

33

34 AFTER RECONSTITUTION of compartments A and B

35 1000 mL of the reconstituted solution contains:

in mEq/L except where	PrismaSol	PrismaSol	PrismaSol	PrismaSol
noted	BGK 4/2.5	BGK 2/3.5	BGK 0/2.5	B22GK 4/2.5
Calcium Ca ²⁺	2.5	3.5	2.5	2.5
Bicarbonate HCO ₃	32	32	32	22
Potassium K ⁺	4.0	2.0	0	4.0
Magnesium Mg ²⁺	1.5	1.0	1.5	1.5
Sodium Na ⁺	140	140	140	<mark>140</mark>
Chloride Cl ⁻	113	111.5	109	123
Lactate	3.0	3.0	3.0	3.0
Dextrose	100 mg/dL	100 mg/dL	100 mg/dL	100 mg/dL
Theoretical Osmolarity	300 mOsm/L	296 mOsm/L	292 mOsm/L	300 mOsm/L

in mEq/L except where	PrismaSol	PrismaSol	PrismaSol	PrismaSol
noted	BGK 4/0/1.2	BGK 2/0	B22GK 4/0	B22GK 2/0
Calcium Ca ²⁺	0	0	0	0
Bicarbonate HCO ₃	32	32	22	22
Potassium K ⁺	4.0	2.0	4.0	2.0
Magnesium Mg ²⁺	1.2	1.0	1.5	1.5
Sodium Na ⁺	140	140	140	140
Chloride Cl ⁻	110.2	108	120.5	118.5
Lactate	3.0	3.0	3.0	3.0
Dextrose	100 mg/dL	100 mg/dL	100 mg/dL	100 mg/dL
Theoretical Osmolarity	295 mOsm/L	291 mOsm/L	296 mOsm/L	292 mOsm/L

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38

in mEq/L except where noted	PrismaSol BK 0/0/1.2	PrismaSol BK 0/3.5
Calcium Ca ²⁺	0	3.5
Bicarbonate HCO ₃	32	32
Potassium K ⁺	0	0
Magnesium Mg ²⁺	1.2	1.0
Sodium Na ⁺	140	140
Chloride Cl	106.2	109.5
Lactate	3.0	3.0
Dextrose	0	0
Theoretical Osmolarity	282 mOsm/L	287 mOsm/L

39 40

- 41 Calcium chloride, USP, is chemically designated calcium chloride dihydrate (CaCl₂ \cdot 2 42 H₂O).
- 43 Magnesium chloride, USP, is chemically designated magnesium chloride hexahydrate 44 $(MgCl_2 \cdot 6H_2O)$.
- 45 Dextrose, USP, is chemically designated D-Glucose anhydrous $(C_6H_{12}O_6)$ or D-Glucose
- 46 monohydrate ($C_6H_{12}O_6 \cdot H_2O$).
- 47 Lactic acid, USP, is chemically designated $CH_3CH(OH)COOH$.
- 48 Sodium chloride, USP, is chemically designated NaCl.
- 49 Potassium chloride, USP, is chemically designated KCl.
- 50 Sodium bicarbonate, USP, is chemically designated NaHCO₃.
- 51
- 52 The pH of the final solution is in the range of 7.0 to 8.5.
- 53 Solutions in contact with the plastic container can leach out certain of its chemical
- 54 components in very small amounts within the expiration period, e.g. di 2-ethylhexyl
- 55 phthalate (DEHP), up to 3 parts per million; however, the safety of the plastic has been
- 56 confirmed in tests in animals according to USP biological tests for plastic containers as
- 57 well as by in-vitro toxicity studies.

58

59 CLINICAL PHARMACOLOGY

- 60 PrismaSol solution is a pharmacologically inactive solution. The electrolyte
- 61 concentrations in the PrismaSol solution are chosen to restore plasma levels to clinically
- 62 desired concentrations or maintain plasma levels at the desired concentrations.
- 63
- 64 PrismaSol solution is used as replacement solution to replace water and electrolytes
- 65 removed during hemofiltration and hemodiafiltration.
- 66
- 67 Bicarbonate in the solution is used as an alkalinizing buffer to normalize acid-base
- 68 balance. Lactate is used for the adjustment of the solution pH and is metabolized to
- 69 bicarbonate.
- 70
 - 71 When dextrose is present, it is intended to help normalize glucose balance.

72

INDICATIONS AND USAGE 73

74 PrismaSol solution is indicated in adults and children for use as a replacement solution in

75 Continuous Renal Replacement Therapy (CRRT) to replace plasma volume removed by

- 76 ultrafiltration and to correct electrolytes and acid-base imbalances. PrismaSol solution
- may also be used in case of drug poisoning when CRRT is used to remove filterable 77 substances.
- 78
- 79

CONTRAINDICATIONS 80

81 None.

82

WARNINGS 83

84 The electrolyte solution contained in compartment A must be mixed with the buffer solution of compartment B before use in order to obtain the reconstituted solution 85 suitable for hemofiltration / hemodiafiltration. 86

87

88 Do not administer the reconstituted solution unless it is clear and free of visible

- 89 particulate matter.
- 90

91 PRECAUTIONS

- PrismaSol solution includes several formulations. Selection of a specific formulation 92
- 93 depends on the patient's condition and treatment procedures.
- 94

95 Administration of the solution should only be under the direction of a physician

96 competent in intensive care treatment including CRRT.

97

The patient's hemodynamic fluid, electrolyte and acid-base balance should be monitored 98 99 throughout the procedure. Note that citrate, when used as an anticoagulant, contributes to the base load and can reduce plasma calcium levels. 100

101

During hemofiltration, hemodiafiltration, or hemodialysis, abnormalities in the plasma 102

103 concentration of potassium, calcium, and glucose may develop. These abnormalities

may be corrected by the use of appropriate formulations of PrismaSol. Abnormalities in 104

plasma phosphate concentration, especially hypophosphatemia, may also 105

occur. Hypophosphatemia may require phosphate supplementation to 106

maintain plasma concentrations in the physiologic range. 107

108

109 Use only with continuous extra-corporeal blood purification equipment in CRRT.

110 111 Incorrect use of the access ports or other restrictions to fluid flow will result in machine

- alarms. Ignoring and/or overriding repetitive alarms without resolving the originating
- 113 cause might lead to incorrect patient weight loss and result in patient injury or death.
- 114
- 115 The solution may be heated to no more than 40° C/104°F and this must be carefully
- 116 controlled. After heating, verify that the solution remains clear and contains no
- 117 particulate matter.
- 118
- 119 Diabetes Mellitus or Glucose Intolerance
- 120 Patients may require initiation of insulin therapy or modification of insulin dosage during
- 121 treatment with PrismaSol solution. Appropriate monitoring of blood glucose should be
- 122 performed and insulin dosage adjusted accordingly.
- 123

124 ADVERSE REACTIONS

125 Adverse reactions can result from the solution or the CRRT procedure.

- 126
- 127 Improper use can lead to fluid imbalance and disturbances in electrolyte, acid-base and
- 128 glucose balance.
- 129

130 DOSAGE AND ADMINISTRATION

131 Individualization of Treatments:

- 132 The mode of therapy, solute formulation, flow rates and length of therapy should be
- 133 selected by the physician responsible for managing treatment depending on the clinical 134 condition of the patient as well as the patient's fluid, electrolyte, acid-base and glucose
- 135 balance.
- 136
- 137 PrismaSol solution can be administered into the extra-corporeal circuit before (pre-
- 138 dilution) and/or after the hemofilter or hemodiafilter (post-dilution).
- 139
- 140 In post-dilution hemofiltration, the replacement rate should not be greater than one-third 141 of the blood flow rate; e.g., for blood flow of 100 mL/min, equivalent to 6000 mL/hour,
- 142 post-filter replacement rate should not exceed 2000 mL/hour.
- 143

144 **Directions for use:**

145 PrismaSol solution should be inspected visually for particulate matter and discoloration 146 prior to administration. Use only if the solution is clear and all seals are intact. Press bag

- 147 firmly to test for any leakage. Do not use if container is damaged or leaking.
- 148
- 149 The electrolyte solution (small compartment A) is added to the buffer solution (large 150 compartment B) by breaking the red frangible pin immediately before use and mixing
- 151 the contents of compartment A and B.
- 152 153

- The reconstituted solution is for single patient use only
- Aseptic technique should be used throughout administration to the patient.

155 156	• Discard any unused solution immediately after use.
157 158 159	As soon as the overwrap is removed, the reconstitution of compartments A and B should be done and the reconstituted solution should be used immediately. Due to chemical reasons, after removal of the overwrap, the solution is stable for 24 hours including the
160	duration of the treatment.
161 162 163	I Remove the overwrap from the bag immediately before use and discard any other packaging materials. Open the seal by breaking the red frangible pin between the two
164 165	compartments of the bag. The frangible pin will remain in the bag. (See Figure I below)
165 166 167 168	II Make sure all the fluid from the small compartment A is transferred into the large compartment B. (See Figure II below)
169 170 171 172	III Rinse the small compartment A twice by pressing the mixed solution back into the small compartment A and then back into the large compartment B. (See Figure III below)
173 174 175 176	IV When the small compartment A is empty: shake the large compartment B so that the contents mix completely. The solution is now ready to use and the bag can be hung on the equipment. (See Figure IV below)
177	V The replacement line may be connected to either of the two access ports.
178 179 180 181 182 183	V.a If the luer access is used, remove the cap and connect the male luer lock on the replacement line to the female luer receptor on the bag; tighten. Using thumb and fingers, break the blue frangible pin at its base, and move it back and forth. Do not use a tool. Verify that the pin is completely separated and that the fluid is flowing freely. The pin will remain in the luer port during the treatment. (See Figure V.a below)
184 185 186 187	V.b If the injection port is used, first remove the snap-off cap. Then introduce the spike through the rubber septum. Verify that the fluid is flowing freely. (See Figure V.b below)
188 189	Additions:
190 191 192	The large compartment B is fitted with an injection port for the addition of drugs after reconstitution of the solution. When introducing additives, use aseptic techniques.
193 194 195	Phosphate: Phosphate up to 1.2 mmol/L may be added to the solution. If potassium phosphate is added, the total potassium concentration should not exceed 4 mEq/L.
196 197 198	<i>Other drugs:</i> Some drugs may be incompatible with PrismaSol solution. In general, other drugs should be administered through a different line.
199	HOW SUPPLIED

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- 200 PrismaSol solution is supplied in a two-compartment bag made of Poly (vinyl chloride)
- 201 (PVC). The 5000 mL bag is composed of a small compartment (250 mL) and a large
- 202 compartment (4750 mL). The two compartments are separated by a red frangible pin.
- 203 The bag is overwrapped with a transparent overpouch.
- 204 205
- Container Fill Volume NDC

205	Container	r m v orume	
206	PrismaSol BGK4/2.5	5000 mL	24571-105-05
207	PrismaSol BGK2/3.5	5000 mL	24571-103-05
208	PrismaSol BGK0/2.5	5000 mL	24571-108-05
209	PrismaSol B22GK4/2.5	5000 mL	Not yet available
210	PrismaSol BGK4/0/1.2	5000 mL	Not yet available
211	PrismaSol BGK2/0	5000 mL	24571-102-05
212	PrismaSol B22GK4/0	5000 mL	Not yet available
213	PrismaSol B22GK2/0	5000 mL	Not yet available
214	PrismaSol BK0/0/1.2	5000 mL	Not yet available
215	PrismaSol BK0/3.5	5000 mL	24571-101-05

- 216
- 217 Not all formulations may be marketed.
- 218
- 219 Storage conditions
- 220 Store at 25°C (77°F); excursions permitted to 15° 30°C (59°- 86°F). [See USP
- 221 Controlled Room Temperature].
- 222 Do not freeze or expose to excessive heat. Do not use if precipitate has formed or if
- 223 container seals have been damaged.
- 224
- 225 Manufactured by:
- 226 Gambro
- 227 1845 Mason Avenue
- 228 Daytona Beach, FL 32117, USA
- 229
- 230 Figures I-Vb









