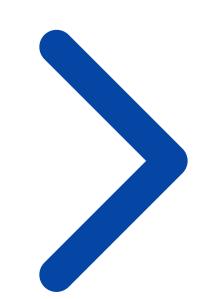
Prothromplex® TOTAL 500 IU Mix2Vial® preparation, reconstitution and dosing guide





Prothromplex® TOTAL 500 IU therapeutic indications:1

- Treatment of bleeding and perioperative prophylaxis of bleeding in acquired deficiency of prothrombin complex coagulation factors, such as a deficiency caused by treatment with vitamin K antagonists or in case of overdose with vitamin K antagonists, when rapid correction of the deficiency is required
- Treatment and perioperative prophylaxis of haemorrhages in congenital deficiency of vitamin K-dependent coagulation factors, when purified specific coagulation factor concentrate is not available
- Prothromplex TOTAL is indicated in adults. There are insufficient paediatric data to recommend the administration of Prothromplex TOTAL in children

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/. Adverse events should also be reported to Takeda UK Ltd at: AE.GBR-IRL@takeda.com

Please click or scan the QR code to access Prothromplex TOTAL prescribing information and for details of how to report an adverse event

References

1. Prothromplex® TOTAL 500 IU SmPC. Available from: https://www.medicines.org.uk/emc/product/15237 (accessed February 2025) C-APROM/GB/PROT/0097 I February 2025





Prothromplex® TOTAL 500 IU Mix2Vial® preparation guide¹



This is a simplified version of the instructions for reconstitution of Prothromplex® TOTAL. Please refer to the Summary of Product Characteristics for full details.

- Only the enclosed reconstitution set should be used
- Wash hands and use aseptic non-touch technique on a flat work surface
- Warm the unopened vial containing the solvent to room or body temperature
- Reconstitute immediately before administration



References







Prothromplex® TOTAL 500 IU Mix2Vial® preparation guide¹

Getting started Remove the protective caps from both vials Disinfect the rubber stoppers and allow to dry Peel the lid from the Mix2Vial® device package Do not remove from packaging

References

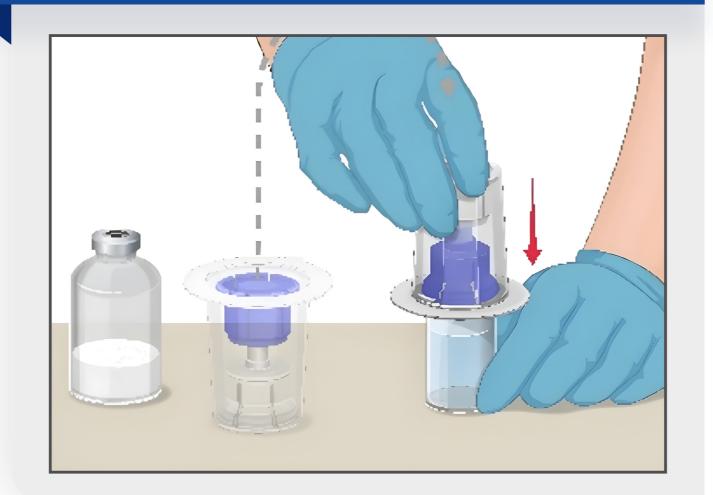
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Prothromplex® TOTAL 500 IU Mix2Vial® preparation guide¹

Preparation



Turn the package with the Mix2Vial® device upside down and place it over the top of the solvent vial.

Firmly insert the blue plastic spike of the device into the centre of the solvent vial stopper.

Remove the package from the Mix2Vial® device. Do not touch the clear plastic spike.

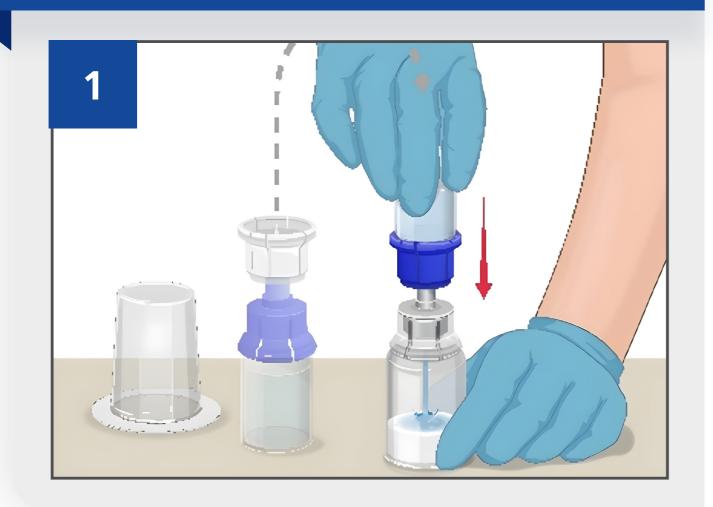
References







Reconstitution



Turn the solvent vial over and place it on top of the vial containing Prothromplex® TOTAL powder.

Firmly insert the clear plastic spike into the centre of the Prothromplex® TOTAL vial stopper.

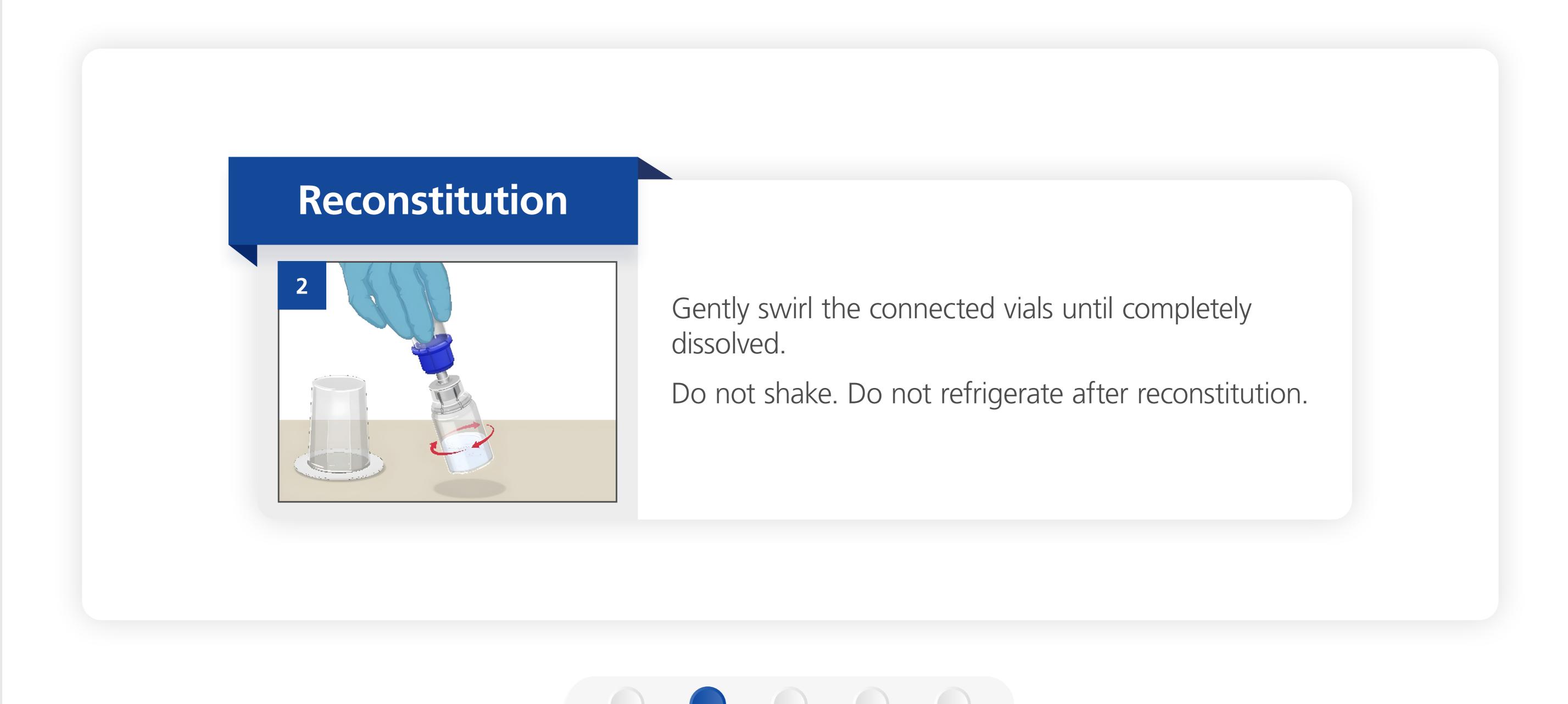
Check that all the solvent has transferred. Do not use if the vacuum has been lost and the solvent does not flow into the vial.

References





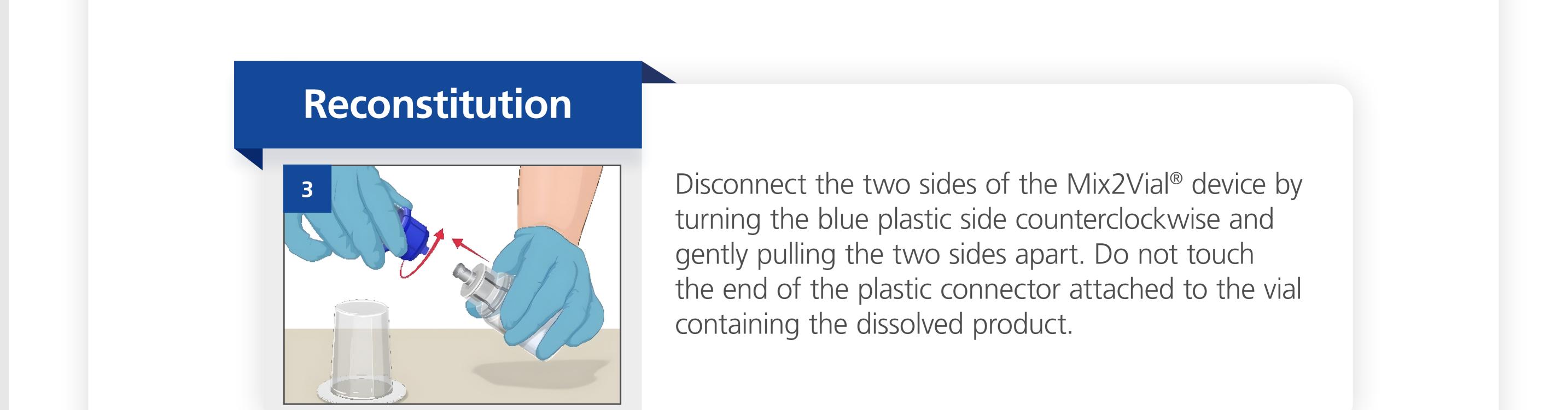




References





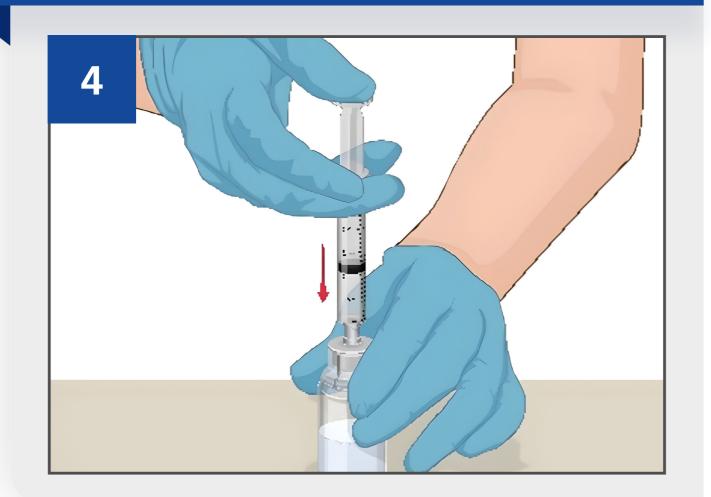


References









Pull back the plunger of a sterile disposable plastic syringe to the required volume. This should equal the amount of reconstituted Prothromplex® TOTAL withdrawn from the vial.

Connect the syringe to the clear plastic connector by turning the syringe clockwise.

Push down on the plunger to pressurize the vial.

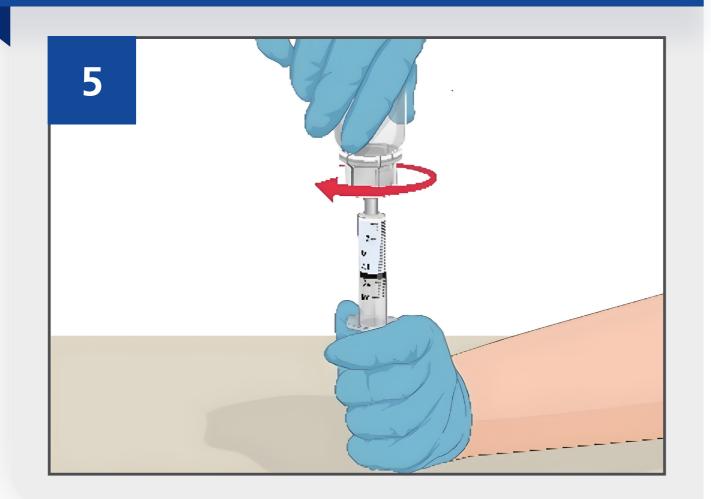
References







Reconstitution



Flip so the vial is on top, keeping plunger pressed in, then draw the solution into the syringe by pulling plunger back slowly. Do not push and pull solution back and forth.

Disconnect the syringe by turning it counterclockwise.

Solution may be clear or slightly opalescent, do not use if cloudy or contains deposits.

References







There are only general dosage guidelines. Dosage and frequency of administration should be calculated on an individual patient basis. Dosage depends on severity of the disorder, the location and extent of the bleeding, and the patient's clinical condition.

Please refer to the Summary of Product Characteristics before use.

Monitoring International Normalised Ratio (INR) during treatment is mandatory.

For intravenous use only. It is recommended not to administer more than 2 ml per minute (60 IU/min).

Treatment should be initiated under the supervision of a physician experienced in the treatment of coagulation disorders.

References







Treatment and perioperative prophylaxis of bleeding during vitamin K antagonist treatment

VKA reversal

Required units = body weight (kg) x dose required according to initial INR measurement

Dosing of Prothromplex® TOTAL according to initial INR measurement											
INR	Dose [IU/kg] (IUs refer to Factor IX)										
2.0 - 3.9	25										
4.0 - 6.0	35										
> 6.0	50										

Approximate dose required to correct INR according to initial INR measurement, select initial INR range:

2.0 - 3.9

4.0 - 6.0

>6.0

Body weight	40 kg	45 kg	50 kg	55 kg	60 kg	65 kg	70 kg	75 kg	80 kg	85 kg	90 kg	95 kg	100 kg
ml													
IU													

Increments are a guide only. The patient's actual bodyweight should be used to calculate dosing. The maximum dose should not exceed 50 IU/kg. If the severity of the bleeding requires higher doses, the risk/benefit has to be evaluated by the treating physician.

VKA: Vitamin K antagonist

References







Treatment and perioperative prophylaxis of bleeding during vitamin K antagonist treatment

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Required units = body weight (kg) x dose required according to initial INR measurement

Dosing of Prothromplex® TOTAL according to initial INR measurement										
INR	Dose [IU/kg] (IUs refer to Factor IX)									
2.0 - 3.9	25									
4.0 - 6.0	35									
> 6.0	50									

Approximate dose required to correct INR according to initial INR measurement, select initial INR range:

2.0 - 3.9

4.0 - 6.0

>6.0

Body weight	40 kg	45 kg	50 kg	55 kg	60 kg	65 kg	70 kg	75 kg	80 kg	85 kg	90 kg	95 kg	100 kg
ml	34.0	38.3	42.5	46.8	51.0	55.3	59.5	63.8	68.0	72.3	76.5	80.8	85.0
IU	1,000	1,125	1,250	1,375	1,500	1,625	1,750	1,875	2,000	2,125	2,250	2,375	2,500

Increments are a guide only. The patient's actual bodyweight should be used to calculate dosing. The maximum dose should not exceed 50 IU/kg. If the severity of the bleeding requires higher doses, the risk/benefit has to be evaluated by the treating physician.

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2.0 - 3.9	25										
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> 6.0	50										

Approximate dose required to correct INR according to initial INR measurement, select initial INR range:

2.0 - 3.9

4.0 - 6.0

>6

Body weight	40 kg	45 kg	50 kg	55 kg	60 kg	65 kg	70 kg	75 kg	80 kg	85 kg	90 kg	95 kg	100 kg
ml	47.6	53.6	59.5	65.5	71.4	77.4	83.3	89.3	95.2	101.2	107.1	113.1	119.0
IU	1,400	1,575	1,750	1,925	2,100	2,275	2,450	2,625	2,800	2,975	3,150	3,325	3,500

Increments are a guide only. The patient's actual bodyweight should be used to calculate dosing. The maximum dose should not exceed 50 IU/kg. If the severity of the bleeding requires higher doses, the risk/benefit has to be evaluated by the treating physician.

VKA: Vitamin K antagonist

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Approximate dose required to correct INR according to initial INR measurement, select initial INR range:

2.0 - 3.9

4.0 - 6.0

>6.0

Body weight	40 kg	45 kg	50 kg	55 kg	60 kg	65 kg	70 kg	75 kg	80 kg	85 kg	90 kg	95 kg	100 kg
ml	68.0	76.5	85.0	93.5	102.0	110.5	119.0	127.5	136.0	144.5	153.0	161.5	170.0
IU	2,000	2,250	2,500	2,750	3,000	3,250	3,500	3,750	4,000	4,250	4,500	4,750	5,000

Increments are a guide only. The patient's actual bodyweight should be used to calculate dosing. The maximum dose should not exceed 50 IU/kg. If the severity of the bleeding requires higher doses, the risk/benefit has to be evaluated by the treating physician.

VKA: Vitamin K antagonist

References





Congenital deficiency

In congenital deficiency of any vitamin K dependent coagulation factor when specific coagulation factor product is not available: Required units = body weight (kg) x desired FX rise (IU/ml) x 60

Where 60 (ml/kg) is the reciprocal of the estimated recovery. If the individual recovery is known, that value should be used for calculation.

The maximum dose should not exceed 50 IU/kg. If the severity of the bleeding requires higher doses, the risk/benefit has to be evaluated by the treating physician.

References



