

triCitrason[®]

ANTICOAGULANT SODIUM CITRATE CONCENTRATE – 46.7% Trisodium Citrate

PN 6030, 30 mL

NDC 23731-6030-3

DESCRIPTION

triCitrason[®] Anticoagulant Sodium Citrate Concentrate, 46.7% Trisodium Citrate, is a sterile, non-pyrogenic solution of Trisodium Citrate (Dihydrate), USP.

Each 30 mL of concentrate contains:

Trisodium Citrate, dihydrate, USP 14.0 grams

Water for Injection, USPq.s.

pH adjusted with Citric Acid

pH: 6.3 – 6.6

⊗ Single patient use only, on a single occasion.

CLINICAL PHARMACOLOGY

A sodium citrate solution acts as an anticoagulant by the action of the citrate ion chelating free ionized calcium; thus, the calcium ion is unavailable to the coagulation system¹.

INDICATIONS AND USAGE

triCitrason[®] Anticoagulant Sodium Citrate Concentrate, 46.7% Trisodium Citrate, is an anticoagulant used in granulocytapheresis procedures (granulocyte collection by apheresis). Just prior to performing granulocytapheresis, aseptically add 30 mL of triCitrason[®] to 500 mL of the 6% solution of Hydroxyethyl Starch (HES), e.g. Hespan[®] 2-8. Agitate the resultant solution for 1 minute to assure a uniform concentration of anticoagulant. The resultant solution of triCitrason[®] and 6% solution of HES contains the following concentration depending upon the volume used:

Volume of triCitrason [®]	Volume of HES	Total Volume	Final Concentration of triCitrason [®]
30 mL	500 mL (measured from HES bag)	530 mL	2.6%
30 mL	558 mL (injected directly into HES bag)	588 mL	2.4%

The triCitrason[®]/HES solution is stable for up to 24 hours at room temperature after mixing.

Refer to the manufacturer's Operator's Manual of the apheresis medical device for the directions to perform the granulocytapheresis procedure.

CONTRAINDICATIONS

NOT FOR DIRECT INTRAVENOUS INFUSION.

WARNINGS

CONCENTRATED ANTICOAGULANT – DILUTE PRIOR TO USE.

PRECAUTIONS

General

Aseptic technique must be maintained at all times.

triCitrason[®] Anticoagulant Sodium Citrate Concentrate is a clear/colorless solution. If the product shows any cloudiness or turbidity, the concentrate should be discarded.

The cap/stopper system provides a biological barrier and should be intact – discard product if system is compromised.

Information for Patients

None.

Laboratory Tests

There are no laboratory tests for the drug product at this time.

Drug Interactions

There are no adverse reactions for the addition of the product to the rouleaux agent.

Carcinogenesis, mutagenesis, impairment of fertility

Long-term studies in animals have not been performed to evaluate the carcinogenic potential of triCitrason[®].

Pregnancy

Long-term studies in animals have not been performed to evaluate the effects of triCitrason[®] on pregnant women.

Pediatric Use

The safety and effectiveness of triCitrason[®] in children have not been established.

ADVERSE REACTIONS

Citrate reactions or toxicity may occur with the infusion of blood products containing citrate anticoagulant^{1,9-11}. The recipient of the citrated blood product should be monitored for the signs and symptoms of citrate toxicity^{1,9-11}. The signs and symptoms of citrate toxicity begin with paresthesia, a "tingling" sensation around the mouth or in the extremities, followed by severe reactions that are characterized by chills, stomach cramps, or pressure in the chest, followed by more severe reactions that are characterized by hypotension and possible cardiac arrhythmia^{1,9-11}. Citrate toxicity may occur more frequently in patients that are hypothermic¹⁰, have impaired liver or renal function¹⁰, or have low calcium levels because of an underlying disease⁹.

OVERDOSAGE

Since the bottle of triCitrason[®] contains only 30 mL of the product, it is impossible to overdose the addition of the product to the 6% solution of HES. However, in the event of a reaction to the infusion of citrated blood products, evaluate the patient and institute appropriate corrective actions^{1,9}.

DOSAGE AND ADMINISTRATION

The apheresis system will control the amount of the citrate/6% solution of HES that is added to the whole blood and the method of administration of the solution. Refer to the Operator's Manual of the apheresis medical device.

HOW SUPPLIED

triCitrason[®] Anticoagulant Sodium Citrate Concentrate 46.7% Trisodium Citrate

REF	SIZE	CASE
PN 6030-25	30 mL Vial	25 Vials/Case
PN 6030-10	30 mL Vial	10 Vials/Case

It is recommended that the product be stored at ambient room temperature, 24 °C (75 °F); however, the product can be stored between 15 °C (59 °F) and 30 °C (86 °F). Protect from freezing and exposure to excessive heat should be minimized.

Rx ONLY

triCitrason[®] is a registered trademark of Citra Labs, LLC, Braintree, MA. Hespan[®] is a registered trademark of B. Braun Medical, Inc., Irvine, CA.

REFERENCES.

- Grindon, A. J., "Adverse Reactions to Whole Blood Donation and Plasmapheresis", *CRC Crit. Rev Clin. Lab. Sci.*, 17:51-75, 1982.
- Rock, G., and McCombie, N., "Alternate Dosage Regimens for High-Molecular-Weight Hydroxyethyl Starch", *Transfusion*, 25:417-419, 1985.
- Strauss, R. G., Hester, J. P., Vogler, W.R., Higby, D. J., Snikeris, A. C., Imig, K. M., Greazel, C., Mallard, G., Burnett, D., Gupta, S., and Hulse, J.D., "A Multicenter Trial to Document the Efficacy and Safety of a Rapidly Excreted Analog of Hydroxyethyl Starch for Leukapheresis with a Note on Steroid Stimulation of Granulocyte Donors", *Transfusion*, 26:258-264, 1986.
- Strauss, R.G., Rohret, P.A., Randels, M. J., and Winegarden, D. C., "Granulocyte Collection", *J. of Clin. Apheresis*, 6:241-243, 1991.
- Lee, J.H., and Klein, H. G., "The Effect of Donor Red Cell Sedimentation Rate on Efficiency of Granulocyte Collection by Centrifugal Leukapheresis", *Transfusion*, 35:384-388, 1995.
- Adkins, D., Ali, S. Despotis, G., Dynis, M. and Goodnough, L. T., "Granulocyte Collection Efficiency and Yield are Enhanced by the Use of a Higher Interface Offset During Apheresis of Donors Given Granulocyte-Colony-Stimulating Factor", *Transfusion*, 38:557-564, 1998.
- Jendiroba, D. B., Lichtiger, B., Anaissie, E., Reddy, V., O'Brien, S., Kantarjian, H., and Freireich, E. J., "Evaluation and Comparison of Three Mobilization Methods for the Collection of Granulocytes". *Transfusion*, 38:722-728, 1998.
- Leavey P. J., Thurman, G., and Ambruso, D. R., "Functional Characteristics of Neutrophils Collected and Stored After Administration of G-CSF", *Transfusion*, 40:414-419, 2000.
- AABB Technical Manual, 18th Edition, pages 658-670, 2014.
- Denlinger, J.V., Nahrwold, M. L., Gibbs, P.S., and Lecky, J.H., "Hypocalcemia During Rapid Blood Transfusion in Anaesthetized Man", *Br. J. Anaesth.*, 48:995-1000, 1976.
- Stack, G., Judge, J.V., and Snyder, E.L., "Febrile and Nonimmune Transfusion Reactions", in *Principles of Transfusion Medicine*, pp. 780-781, editors Rossi, E.C., Simon, T.L., Moss, G.S., and Gould, S.A., Williams & Wilkins, Baltimore, MD, 2nd ed., 1996.