



Octaplex® Prothrombin Complex Concentrate

APPLICABILITY: This document applies to all APL, AHS, Covenant Health, and all other health care professionals involved in the transfusion of blood components and products in Alberta.			Other Names: <i>Prothrombin Complex Concentrate, PCC</i> Company: <i>CSL Behring</i> Class: <i>Manufactured blood product, derived from human plasma</i>			
In the event of discrepancy between APL Monograph and Manufacturer's documentation or patient resources, the APL Monograph will take precedence.						
	INTRAVENOUS			OTHER		
ROUTES	DIRECT IV	IV Infusion	Continuous Infusion	SC	IM	OTHER
Acceptable Routes*	Yes**	Yes	No	No	No	N/A
<p>* Administration of blood components and blood products is a restricted activity. For specific conditions that apply to a profession's authorization to administer blood components and blood products, consult the applicable discipline-specific regulation under the Health Professions Act (Alberta). Health care professionals with this authorization require the applicable education, training, and competency.</p> <p>** Direct IV administration of blood products may be performed by health care professionals that have authorization of administration of blood products within their scope of practice.</p>						
DESCRIPTION:						
<ul style="list-style-type: none"> • Octaplex® is a lyophilized, manufactured prothrombin complex concentrate (PCC) derived from human plasma. • Contains vitamin K dependent coagulation factors (Factors II, VII, IX, X) and the thrombo-inhibitor proteins C and S. See product insert for actual amounts. • Pathogen inactivation/removal steps include solvent/detergent treatment, and nanofiltration. • Available in 500 IU and 1000 IU vials packaged with 20 mL and 40 mL sterile water for injection respectively. • Factor IX is used to determine the concentration of the product. • Also contains heparin and sodium citrate. • The lyophilized powder is white or slightly coloured, and the reconstituted solution is clear or slightly opalescent and colourless to slightly blue. • Latex free. 						
AVAILABILITY						
<ul style="list-style-type: none"> • Supplied by Canadian Blood Services. • Contact your local laboratory/transfusion service regarding stock availability on site. • Note: Sites in Alberta may stock Beriplex® and/or Octaplex®. The two brands of PCCs are considered interchangeable in practice. 						

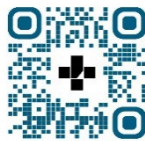
INDICATIONS:**APPROVED PCC INDICATIONS**

Clinical Indication	And	Dosing Recommendations
<ul style="list-style-type: none"> Vitamin K Antagonist (VKA) reversal Vitamin K dependent factor deficiency 	<ul style="list-style-type: none"> Major bleeding, or Urgent surgical or invasive procedure required (within 6 hours) 	<ul style="list-style-type: none"> Adults - INR based Pediatrics - Weight and INR based Monitor with repeat INR. No wait time required to draw INR after giving PCC.
<ul style="list-style-type: none"> Coagulopathy Liver dysfunction 	Plasma is contraindicated or refused (e.g. patient high risk for fluid overload, Jehovah's witness accepting of derivatives).	<ul style="list-style-type: none"> 25 IU/kg to a maximum of 3000 IU
Major bleeding	Plasma not available, contraindicated, or refused	<ul style="list-style-type: none"> Adults - 2000 IU Pediatrics - 25 IU/kg Consider Fibrinogen Concentrate if available.
Cardiovascular Surgery	Coagulation Defects or Bleeding	<ul style="list-style-type: none"> 25 - 50 IU/kg Consider Fibrinogen Concentrate if available.
Severe or life-threatening bleeding in patient on direct factor Xa inhibitor (e.g. rivaroxaban, apixaban, edoxaban)	Specific reversal agents are not currently available in Canada.	<ul style="list-style-type: none"> 2000 IU fixed dose, or 25 - 50 IU/kg to max 3000 IU Consider holding other anti-clotting and anti-platelet agents. Consider tranexamic acid.

NOT APPROVED PCC INDICATIONS (TM Physician Consult Required)

Clinical Indication	Recommended Alternatives to PCC				
VKA reversal when <ul style="list-style-type: none"> Non-urgent surgery or invasive procedure is planned. Surgery or invasive procedure has low risk of bleeding. 	<ul style="list-style-type: none"> Discontinue VKA Consider Vitamin K 				
Elevated INR in the absence of bleeding or need for surgical intervention.	<ul style="list-style-type: none"> Consider Vitamin K 				
Treatment of bleeding in patient on direct thrombin inhibitor (e.g. Dabigatran).	<ul style="list-style-type: none"> Specific reversal agents (pharmacy) <table border="1" data-bbox="831 1075 1511 1140"> <thead> <tr> <th>DOAC</th> <th>Reversal Agent</th> </tr> </thead> <tbody> <tr> <td>Dabigatran</td> <td>Idarucizumab (Praxbind™)</td> </tr> </tbody> </table> PCCs: <ul style="list-style-type: none"> only in severe or life-threatening bleeding if above options are not available. 50IU/kg to max 3000 IU. Activated PCCs (FEIBA) may be considered in consultation with a TM physician if available on site. 	DOAC	Reversal Agent	Dabigatran	Idarucizumab (Praxbind™)
DOAC	Reversal Agent				
Dabigatran	Idarucizumab (Praxbind™)				

[Don't Misuse My Blood Project](https://www.albertahealthservices.ca/dmmmb)
[DMMB Clinical Decision Support Tools \(albertahealthservices.ca\)](https://www.albertahealthservices.ca/dmmmb)

**CONTRAINDICATIONS:**

- Patients who are hypersensitive to this product, or any ingredient in the formulation or component of the container.
- Patients with a history of heparin induced thrombocytopenia (HIT).
- Patients with recent history of disseminated intravascular coagulation (DIC), thrombosis, or myocardial infarction.

WARNINGS:

- The use of prothrombin complex concentrates is associated with the risk of thrombosis.
- Use with caution in patients with recent thrombotic events, history of coronary heart disease or myocardial infarction, patients with liver disease, pre- and post-operative patients, neonates, and patients at risk of thromboembolic events, DIC, or simultaneous inhibitor deficiency.
- Replacement therapy may lead to the formation of circulating antibodies inhibiting one or more of the human prothrombin complex factors.

DOSE (Refer to Product Insert):

- **VKA Reversal - Adult**

- Dosing should be based on INR.
- If major bleeding is present and INR is unknown, recommended dose is 80 mL (2000 IU).
- Vitamin K 10 (mg IV) co-administration strongly recommended if reversal is required for longer than 6 hours.

	INR less than 3.0	INR 3.0 - 5.0	INR greater than 5.0
PCC dose	<ul style="list-style-type: none"> • 40 mL (1000 IU) • 60 mL (1500 IU) if intracranial hemorrhage or epidural / spinal anesthesia required 	80 mL (2000 IU)	120 mL (3000 IU)

- **VKA Reversal - Pediatric**

- Dosing should be based on weight and INR

Patient Weight	INR less than 3	INR 3.0 or higher
Less than 10 kg	10 mL (250 IU)	20 mL (500 IU)
10 – 25 kg	20 mL (500 IU)	30 mL (750 IU)
25 – 50 kg	30 mL (750 IU)	40 mL (1000 IU)

- **Bleeding Management with DOAC treatment**

- Recommended dose: 2000 IU fixed dose or 25-50 IU/kg to a max of 3000 IU (120mL).
- Dosing is not based on the INR result

- If time permits, reassessment of INR at 10 - 30 minutes post dose is recommended, with additional PCC provided if the INR remains greater than 1.5 and bleeding continues. In the event sufficient product is not available to meet the above recommendations, the maximum dose available should be given with consideration for transferring the patient to another facility for additional treatment.

- Maximum total dose = 120 mL (3000 IU).

ADMINISTRATION:

Confirm written (signed) consent has been obtained and documented prior to requesting blood product from lab/transfusion service where possible.

Pre-Infusion:

- Ensure recent patient weight is on file
- Ensure pertinent labs are ordered if required and time allows. (i.e. INR)
- Ensure any ordered premedications have been given (antihistamines, antipyretics prn).
- Perform pre-transfusion checks per AHS Transfusion Policy.
- Report any new onset acute illness to the authorized prescriber prior to commencing infusion.

Access:

- Octaplex® can be given via CVAD or peripheral venous line.

Reconstitution:

- Refer to [Mix2Vial reconstitution instructions](#) or [Nextaro® reconstitution instructions](#)
- Do not dilute further.
- Octaplex® should be administered immediately (maximum 8 hours) after reconstitution.

- Do not refrigerate after reconstitution.

Compatible IV Solutions:

- Normal saline or 5% dextrose solution should be used to prime and flush the line.
- Do not mix with other products, medications, or solutions.

Administration Supplies:

- Direct IV:
 - Sterile plastic Luer lock syringe (large enough to contain dose)
- IV Infusion:
 - IV administration set (either a buretrol, infusion set for syringe pump or minibag with regular infusion set)
 - IV pump or syringe pump (if required)

Administration:

- The amount of product received for administration may be 10% lower or higher than the actual dose ordered. Administer the entire dose.
- Visually inspect the product prior to administration. Do not use products that are cloudy or contain particulates.
- No other drugs or IV solutions can be co-administered in the same line while Octaplex® is being infused.
- Administration rate should be specified by the MRHP after patient assessment.
- Use a 15-micron filter or larger if required for administration (e.g. for patients with orders for a filtered administration set due to their condition such as patent foramen ovale, Hereditary Hemorrhagic Telangiectasia [HHT], etc.)
- **Options for Administration:**
 - **Regular IV set:** Empty IV bag and inject reconstituted Octaplex® into the empty bag. Prime line with Octaplex®. Infuse Octaplex® Flush line with 35 mL normal saline at the end of Octaplex® infusion.
 - **Buretrol:** (In-line or 'add-a-line')
 - **Option 1:** Attach 500-mL NS bag to buretrol line. Prime tubing with 35 mL NS (**leave chamber empty**) and close clamp between normal saline and buretrol. Add Octaplex® to chamber for infusion. Flush line at same rate with 35 mL normal saline at the end of Octaplex® infusion to ensure entire dose has been administered.
 - **Option 2:** Prime buretrol line with product (similar to tPA process). Infuse product. Flush line at the same rate with 35 mL normal saline at the end of infusion.
 - **Direct IV:** Not to exceed 2-3 mL/min (120-180 mL/h).
 - **Syringe pump:** (microbore tubing required). Not to exceed 2-3 mL/min (120-180mL/h)
 - **Administration Rate:** Initial infusion rate of 1 mL/min (60 mL/h) for the first 10 minutes. May increase to a maximum rate of 2-3 mL/min (120-180 mL/h). Health Canada has approved more rapid infusion rates (such as 1000 IU over 5 minutes or 8 mL/min) in critical (or urgent) situations.

NURSING IMPLICATIONS:**Patient Monitoring:**

- Vital Signs: Pre-administration, on completion of dose, and as patient condition requires.
- Patients should be monitored for signs and symptoms of thromboembolic events.

Patients receiving blood product transfusions must be observed closely for signs of any unexpected or untoward reactions. These reactions may occur during or after the infusion of blood or blood products. For follow up to a transfusion reaction see [Transfusion Reactions | Alberta Health Services](#). Notify the transfusion service as soon as possible that an adverse reaction has occurred.

Documentation:

- Ensure documentation is completed as per the [AHS Transfusion of Blood Components and Products Policy](#).
- Start and stop time of infusion and assessment of patient tolerability should be documented in appropriate flow chart or clinical record (electronic or paper).
- Document vital signs as required in the appropriate flow chart or clinical record (electronic or paper).
- Provide patient notification of transfusion documentation where required.

Laboratory Monitoring:

- INR should be performed pre-administration along with other indicated blood work, and 10-30 minutes post-administration.
- Octaplex® contains heparin, and therefore may interfere with clotting tests which are sensitive to heparin (e.g. aPTT).

POTENTIAL HAZARDS WITH PARENTERAL ADMINISTRATION:

- Potential adverse events related to a blood product transfusion range in severity from minor with no sequelae to life-threatening.
- All adverse events occurring during a transfusion should be evaluated to determine whether the transfusion can be safely continued/restarted.
- All adverse events suspected to be related to a product transfusion (whether during or after a transfusion) must be reported to your local transfusion service.
- The adverse events associated with Octaplex® are thromboembolic complications and Disseminated Intravascular Coagulation (DIC).
- Octaplex® has been rarely associated with immediate allergic reactions.

Side Effects

- Flushing
- Headache
- Nausea
- Itching and redness at the venipuncture site



Action:

Slow rate of infusion

Potential Allergic Reaction

- Stuffy nose
- Hives/severe itching
- Cough
- Chest pain
- Wheezing
- Facial swelling
- Fainting



Action:

STOP infusion
IMMEDIATELY and contact
physician

STORAGE & STABILITY:

- Store at 2-25°C until expiry (up to 36 months from date of manufacture).
- Stable up to 8 hours at 2-25°C once reconstituted.
- Do not refrigerate after reconstitution.
- Do not freeze.
- Do not use expired product.

CONTACT INFORMATION:

Approved By: APL Transfusion Medicine Discipline Council

For questions or comments please contact: Transfusion.SafetyTeam@aplabs.ca

REFERENCES:

Octapharma Canada. 2024 November 21, Octaplex® Package Insert. Control No: 282707. [Accessed 2025 August 27] [octaplex_en_nov-21-2024.pdf](#)

Recommendations for Use of Prothrombin Complex Concentrates in Canada. 2023 February 21 update [PCC-Recommendations Revision Feb 2022 Posted April 2022 - 2023 Edit.pdf](#)