Dosage for children weighing less than 24 kg
(Final size: 2500 g, standard dose: 15 IU/kg)

Dilution instructions (see page 2 for detailed procedure):
1. Withdraw the sterile solvent and add to the vial of Tretten®.
2. Further dilute with 8 mL of sterile saline solution (sodium chloride 0.9%).
3. Withdraw the appropriate volume for a 35 mL syringe, according to the chart below.

Rounding rules for patient body weight:
- 15.5–16.4 kg – dose as 16 kg
- 16.5–17.4 kg – dose as 17 kg

Injection volume (mL) is calculated using the following equation:
Injection volume (mL) = 0.117 x body weight (kg)

Tretten® (catridecacog) – A recombinant factor XIII A-subunit

A recombinant, human FXIII-A, homodimer composed of two FXIII A-subunits that are structurally identical to human FXIII A-subunit [A₁].

Stability
From a microbiological point of view, and to avoid formation of non-proteolytically activated Tretten®, the product should be used immediately after reconstitution. Increased levels of non-proteolytically activated Tretten® may increase the risk of thrombosis.

Reconstituted Tretten® should be used immediately:
- If Tretten® is not used immediately, it should be used within 3 hours if stored at room temperature. After this period, Tretten® should be discarded.
- It should be used within 24 hours if stored in the refrigerator at 2°C–8°C. After this period, Tretten® should be discarded.
- Do not store reconstituted Tretten® in a syringe.
- Do not freeze reconstituted Tretten®.

Storage
- Store in refrigerator (2°C–8°C).
- Store in the original package in order to protect from light.
- Do not freeze reconstituted Tretten®.

Tretten® (catridecacog) is indicated for prophylaxis in bleeding in patients with congenital factor XIII-A subunit deficiency.

Tretten® is contraindicated in patients who are hypersensitive to this drug or any component in the formulation or component of the container.

Tretten® should not be used for prophylactic treatment of bleeding in patients with congenital factor XIII-A subunit deficiency.

The subunit deficiency of patients should be known prior to treatment.

FXIII B-subunit deficiency is associated with a much reduced half-life of the administered pharmacologically active A-subunit.

FXIII B-subunit deficiency is a heterozygous deficiency of FXIII A-subunit, the result of genetic mutation.

From a microbiological point of view, and to avoid formation of non-proteolytically activated Tretten®, the product should be used immediately after reconstitution. Increased levels of non-proteolytically activated Tretten® may increase the risk of thrombosis.

In case of predisposition to conditions of thrombosis, caution should be exercised due to the fibrin-stabilizing effect of Tretten®.

As Tretten® is a recombinant protein it may cause allergic reactions including anaphylactic reactions. Patients should be informed of the early signs of hypersensitivity (itching sensation, generalized urticaria, tightness of the chest, wheezing, hypotension) and anaphylaxis. If allergic or anaphylactic type reactions occur, the administration should be discontinued immediately and future treatment with Tretten® should not be given.

There is no clinical data from the use of Tretten® in pregnant women and it is unknown whether Tretten® is excreted in human breast milk.

Analysis of data from pediatric patients included in clinical trials has not identified differences in treatment response according to age. The efficacy and safety of Tretten® in children less than 6 years have not yet been established.

In clinical trials, the most frequent adverse drug reactions are non-neutrophilic antibodies. The antibodies tend to neutralize effect of Tretten® but did not impede the primary treatment or substantial accumulation. If these antibodies, originating to a decrease in antibody levels following repeated dosing with Tretten® or other FXIII containing products and the antibodies were transient in all patients. Please refer to Product Monograph for full prescribing information.

References:

Tretten® (catridecacog) – A recombinant factor XIII A-subunit

A recombinant coagulation factor XIII A-subunit [A₁].

Tretten® is a registered trademark owned by Novo Nordisk and used by Novo Nordisk Canada Inc.

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Tretten® (catridecacog) – A recombinant factor XIII A-subunit

A recombinant coagulation factor XIII A-subunit

Tretten® is an abbreviation of two FXIII A-subunits that are structurally identical to human FXIII A-subunit [A₁].
Reconstituting Tretten®

To reconstitute and administer this product you will need the following tools:

- 10 mL syringe (or most appropriate size according to injection volume)
- Alcohol swabs
- 6.0 mL of 0.9% sodium chloride
- Step 1
- Step 2
- Step 3
- Step 4
- Step 5
- Step 6
- Step 7
- Step 8
- Step 9
- Step 10

Reconstituting Tretten®

- Place ampoule into the vial adapter (catridecaog)
- Screw syringe tightly onto the vial adapter
- Pull plunger to draw in the volume of air that equals the amount of solute in the solute vial (2.0 mL for standard dose)
- Check solution for bits and discolouration – do not use if cloudy
- Hold syringe slightly tilted (not upside down) and add to the vial adapter
- Adhering Tretten®

- Ensure ampoule is pulled off the way
- Hold syringe slightly tilted (not upside down) and add to the vial adapter
- Do not reuse reconstituted Tretten® or clear suspension

Overdosage

- No management of a suspected drug overdose, contact your Regional Poison Control Centre

In reported cases of Tretten® overdosing, no clinical symptoms were observed.

Reconstitution and Administration

In clinical trials, the most frequent adverse drug reactions were non-neutralizing antibodies in patients with congenital factor XIII B-subunit deficiency.

- Non-neutralizing antibodies in patients with congenital factor XIII B-subunit deficiency
- Increased levels of activated FXIII may increase the risk of thrombosis
- In case of predisposition to conditions of thrombosis, caution should be exercised due to the fibrin-stabilizing effect of Tretten®
- Inhibitors may be suspected in the event of lack of therapeutic response
- Tretten® should be used immediately after preparation

Warnings and Precautions

- Hypersensitivity to this drug or to any ingredient in the formulation or component of the container
- Indicated for routine prophylaxis for bleeding in patients with congenital factor XIII A-subunit deficiency

Indication

- In clinical trials, the most frequent adverse drug reactions were non-neutralizing antibodies
- Ingestion of eating, actively swollen
- constrect in storage of the product after reconstitution must be avoided as it may result in loss of sterility and in increased levels of activated FXIII

Thrombosis

- In case of predisposition to conditions of thrombosis, caution should be exercised due to the fibrin-stabilizing effect of Tretten®
- Inhibitors may be suspected in the event of lack of therapeutic response
- Tretten® should be used immediately after preparation

Immune Reactions

- Tretten® may cause allergic reactions including anaphylactic reaction
- Antibody formation
- Inhibitor formation
- Tretten® therapy has not been detected in clinical trials
- Inhibitors may be suspected in the event of lack of therapeutic response
- In the event that inhibitors are suspected, analysis for antibodies should be performed

Special populations

- Pregnant women
- No clinical data from the use of Tretten® in pregnant women
- Nursing women
- No clinical data from the use of Tretten® in nursing women

Most Frequent Adverse Event

- In clinical trials, the most frequent adverse drug reactions were non-neutralizing antibodies
- The antibodies had no inhibitory effect and the patients did not experience any adverse events or bleeding in association with these antibodies

Dosage for patients weighing 24 kg or greater

(Gail size: 3000 IU; standard dose: 35 IU/kg)

- Tretten® 95-80.4 IU/kg – dose as 85 kg
- Tretten® 81-74.5 IU/kg – dose as 81 kg

- Step 6
- Step 8
- Step 9
- Step 10
- Step 11
- Step 12
- Step 13

- To reconstitute and administer this product you will need the following tools:

- 10 mL syringe (or most appropriate size according to injection volume)
- Alcohol swabs
- 6.0 mL of 0.9% sodium chloride
- Place ampoule into the vial adapter (catridecaog)
- Screw syringe tightly onto the vial adapter
- Pull plunger to draw in the volume of air that equals the amount of solute in the solute vial (2.0 mL for standard dose)
- Check solution for bits and discolouration – do not use if cloudy
- Tretten® should be used immediately after preparation

- In reported cases of Tretten® overdosing, no clinical symptoms were observed.