



For patients with hereditary antithrombin deficiency (hATd)

The right replacement— AT—the right time



Safe & effective¹

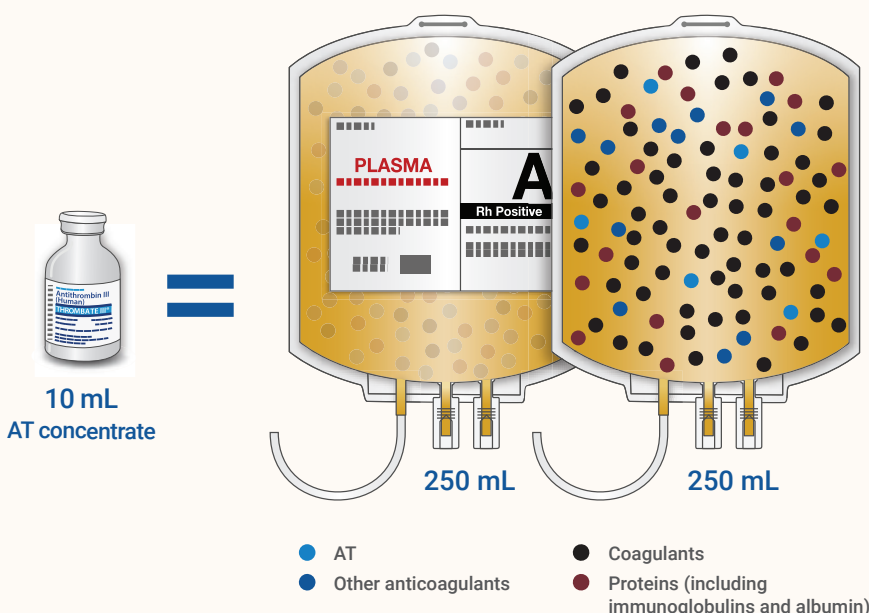
- Proven effective in treating and preventing thromboembolism in patients with hATd
- No reports of thrombotic complications during obstetrical and surgical procedures in Grifols clinical trials

Keeps volume load to a minimum^{1,2}

Convenient¹

- Accurate dosing that directly replaces the AT that's missing
- Rapid preparation when you need it most—before, during, or after surgery
- Conveniently stored at room temperature—no thawing required
- Can be used regardless of ABO status

THROMBATE III delivers 50× more AT than the same amount of fresh frozen plasma (FFP)—and none of the additional proteins and factors^{1,2}



Lower volume

Just one 10-mL vial of THROMBATE III has the same IU of AT as 500 mL of FFP.³

Cost-effective

THROMBATE III may be a cost-effective and timely option compared to FFP when considering administration, preparation, and additional expenses.^{3,*}

*Additional expenses associated with FFP may include overhead, transportation, defrosting time, and adverse event monitoring.

	THROMBATE III ¹	FFP ²
Indication	Indicated in patients with hereditary antithrombin deficiency for treatment and prevention of thromboembolism and for prevention of perioperative and peripartum thromboembolism	Indicated in the management of patients with selected coagulation factor deficiencies, congenital or acquired, for which no specific coagulation concentrates are available
How supplied/ volume	Single-use 10-mL vial (500-IU potency)	Supplied in 200- to 250-mL bags (on average)
Concentration	50 IU/mL AT concentration (after reconstitution with 10 mL sterile water for injection)	~1 IU/mL AT concentration ³
Use	Intravenous bolus infusion, regardless of ABO status. Can be readily available at the point of care, no thawing required	Needs to be thawed prior to use. Intravenous infusion. Plasma must be ABO-compatible with the recipient's red blood cells
Content	Provides predictable amounts of AT	Contains AT plus other plasma components in varying levels
Half-life	The half-life of THROMBATE III is similar to endogenous AT ⁴	The components of FFP have varying half-lives ⁵
Storage	THROMBATE III can be stored at room temperature (up to 77 °F) for up to 36 months. Do not freeze	FFP should be stored at -18 °C (0 °F) or colder. Infuse immediately after thawing or store at 1 to 6 °C (34 to 43 °F)
Process	Produced from human plasma. Fractionated and purified to yield concentrated antithrombin	Centrifuged, separated, and frozen solid at -18 °C (0 °F) within 8 hours of collection
Dosing	The loading dose for THROMBATE III is calculated with a clear formula, so each dose is precise and accurate: $\text{Units required (IU)} = \frac{120\% - \text{baseline \%} \times \text{body weight (kg)}}{1.4\%}$	The volume of FFP transfused depends on various factors, including the clinical situation and patient weight, and may be guided by laboratory assays of coagulation function

Important Safety Information

THROMBATE III® (antithrombin III [human]) is indicated in patients with hereditary antithrombin deficiency for treatment and prevention of thromboembolism and for prevention of perioperative and peripartum thromboembolism. Hypersensitivity reactions may occur. Should evidence of an acute hypersensitivity reaction be observed, promptly interrupt the infusion and begin appropriate treatment.

Because THROMBATE III is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. There is also the possibility that unknown infectious agents may be present in the product.

Perform coagulation tests to avoid excessive or insufficient anticoagulation and monitor for bleeding or thrombosis. Measure functional plasma AT levels with amidolytic or clotting assays; do not use immunoassays.

In clinical studies, the most common adverse reactions (≥5% of subjects) were dizziness, chest discomfort, nausea, dysgeusia, and pain (cramps).

The anticoagulant effect of heparin is enhanced by concurrent treatment with THROMBATE III in patients with hereditary AT deficiency. Thus, in order to avoid bleeding, the dosage of heparin (or low molecular weight heparin) may need to be reduced during treatment with THROMBATE III.

Please see full [Prescribing Information](#) for THROMBATE III.

AT, antithrombin; FFP, fresh frozen plasma; hATd, hereditary antithrombin deficiency.

References: 1. THROMBATE III® (antithrombin III [human]) Prescribing Information. Grifols. 2. AABB, American Red Cross, America's Blood Centers, Armed Services Blood Program. Circular of information for the use of human blood and blood components. June 2024. Accessed May 22, 2025. https://www.aabb.org/docs/default-source/default-document-library/resources/circular-of-information-watermark.pdf?sfvrsn=7f5d28ab_5. 3. Rodgers GM, Mahajerin A. Antithrombin therapy: current state and future outlook. *Clin Appl Thromb Hemost*. 2023;29:1-16. 4. Tengborn L, Frohm B, Nilsson LE, Nilsson IM. Antithrombin III concentrate: its catabolism in health and in antithrombin III deficiency. *Scand J Clin Lab Invest*. 1981;41(5):469-477. 5. Horstman E, Tormey C. Plasma products for transfusion: an overview. *Ann Blood*. 2022;7(4):1-13.

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