Hyperimmune Globulins Reference Chart

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Generic Name	Anti-Thymocyte Globulin (Rabbit)	Botulism Immune Globulin Intravenous (Human)	Cytomegalovirus Immune Globulin Intravenous (Human) (CMV-IGIV)	Hepatitis B Immune Globulin (Human) (HBIG)		Hepatitis B Immune Globulin Intravenous (Human)	Rabies Immune Globulin (Human)			Rho(D) Immune Globulin (Human)		Rho(D) Immune Globulin Intravenous (Human)		Tetanus Immune Globulin (Human)	Varicella Zoster Immune Globulin (Human)
Product Name	Thymoglobulin®	BabyBIG®	Cytogam®	HyperHEP B® S/D	Nabi-HB®	HepaGam B®	HyperRAB®	Imogam® Rabies - HT	KEDRAB™	HyperRHO® S/D Full Dose & Mini Dose	RhoGAM® Ultra-Filtered PLUS MICRhoGAM® Ultra-Filtered PLUS	Rhophylac®	WinRho® SDF	HyperTET® S/D	VARIZIG®
Manufacturer/ Supplier	Sanofi-Aventis	California Department of Public Health	CSL Behring	Grifols	ADMA Biologics	Saol Therapeutics	Grifols	Sanofi Pasteur	Kedrion Biopharma	Grifols	Kedrion Biopharma	CSL Behring	Saol Therapeutics	Grifols	Saol Therapeutics
Contact Number	(800) 633-1610	(510) 231-7600	(800) 504-5434	(800) 520-2807	(800) 458-4244	(877) 443-0224	(800) 520-2807	(800) 822-2463	(800) 322-6374	(800) 520-2807	(800) 322-6374	(800) 504-5434	(877) 443-0224	(800) 520-2807	(877) 443-0224
Delivery	Intravenous (IV)	Intravenous (IV)	Intravenous (IV)	Intramuscular (IM)	Intramuscular (IM)	Intravenous (IV) or Intramuscular (IM)	Infiltration and Intramuscular (IM)	Intramuscular (IM)	Intramuscular (IM)	Intramuscular (IM)	Intramuscular (IM)	Intravenous (IV) or Intramuscular (IM)	Intravenous (IV) or Intramuscular (IM)	Intramuscular (IM)	Intramuscular (IM)
Form	Lyophilized powder	Lyophilized powder	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid	Liquid
Sizes	10 mL vial (25 mg)	Single-dose vial containing 100 mg ± 20 mg lyophilized IG	50 mL single-dose vial (2.5 g)	0.5 mL neonatal single-dose syringe[2] 1 mL single-dose syringe[2] 1 mL single-dose vial 5 mL single-dose vial Potency: ≥ 220 IU/mL anti-HBs	1 mL single-dose vial (> 312 IU) 5 mL single-dose vial (> 1560 IU) Potency: > 312 IU/mL anti-HBs	1 mL sterile solution: single-use vial (>312 IU/mL) 5 mL sterile solution: single-use vial (>312 IU/mL)	1 mL (300 IU) single-dose vial 5 mL (1500 IU) single-dose vial	2 mL (300 IU) vial	2 mL (300 IU) vial 10 mL (1500 IU) vial	**Full Dose:** 1500 IU prefilled syringe[2] **Mini Dose:** 250 IU prefilled syringe[2]	**RhoGAM:** 300 mcg (1500 IU) **MICRhoGAM:** 50 mcg (250 IU) Both in single-dose prefilled syringe	1500 IU (300 mcg) per 2 mL prefilled syringe with SafetyGlide™ needle	Single-dose vials: 300 mcg (1500 IU), 500 mcg (2500 IU), 1000 mcg (5000 IU), 3000 mcg (15,000 IU)	250 unit prefilled single-dose syringe and attached Ultra-Safe® Needle Guard	Single-use vial containing 125 IU
Storage	2° to 8°C (36° to 46°F) Do not freeze. Protect from light.	2° to 8°C (36° to 46°F)	2° to 8°C (36° to 46°F)	2° to 8°C (36° to 46°F) Do not freeze.	2° to 8°C (36° to 46°F) Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.	2° to 8°C (36° to 46°F). Do not freeze.
Indications[1]	Prevention and treatment of renal transplant acute rejection in conjunction with concomitant immunosuppression.	Infant botulism caused by toxin types A or B in patients below one year of age.	Prophylaxis of CMV disease associated with transplantation of kidney, lung, liver, pancreas and heart. In transplants of these organs other than kidney from CMV seropositive donors into seronegative recipients, prophylactic CMV-IGIV should be considered in combination with ganciclovir.	• Acute exposure to blood, plasma or serum containing HBsAg (parental exposure, mucous membrane contact or oral ingestion); • Perinatal exposure of infants born to HBsAg-positive mothers; • Sexual exposure to HBsAg-positive persons; • Household exposure to persons with acute HBV infection.		(1) Prevention of hepatitis B recurrence following liver transplantation in HBsAg-positive liver transplant patients. (2) Postexposure prophylaxis in the following settings: acute exposure to blood containing HBsAg; perinatal exposure of infants born to HBsAg-positive mothers; sexual exposure to HBsAg-positive persons; household exposure to persons with acute HBV infection.	Postexposure prophylaxis, along with rabies vaccine, for all persons suspected of exposure to rabies. Limitations of Use: Persons who have been previously immunized with rabies vaccine and have a confirmed adequate rabies antibody titer should receive only vaccine. For unvaccinated persons, the combination of HYPERRAB and vaccine is recommended for both bite and nonbite exposures regardless of the time interval between exposure and initiation of post-exposure prophylaxis. Beyond 7 days (after the first vaccine dose), HYPERRAB is not indicated since an antibody response to vaccine is presumed to have occurred.	Individuals suspected of exposure to rabies, particularly severe exposure.[4] The sole exception is for persons who have previously been immunized with rabies vaccine; administer only vaccine to these persons.	Passive, transient post-exposure prophylaxis of rabies infection, when given immediately after contact with a rabid or possibly rabid animal. Individuals who have been previously immunized with rabies vaccine and who have documented adequate rabies antibody titer should receive vaccine only.	**Full Dose:** (1) Prevention of Rh hemolytic disease of newborn.[4] (2) Prevention of isoimmunization in Rho(D)-negative persons transfused with Rho(D)-positive RBCs or blood components containing RBCs. **Mini Dose:** Prevention of isoimmunization in Rho(D)-negative women at the time of spontaneous or induced abortion up to 12 weeks gestation.	Prevention of Rh immunization in (1) pregnancy and other obstetrical conditions in Rh-negative women unless the father or baby are conclusively Rh-negative, and (2) any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. See full prescribing information.	(1) Suppression of Rh isoimmunization in (a) pregnancy and obstetric conditions in non-sensitized, Rho(D)-negative women with an Rh-incompatible pregnancy, and (b) incompatible transfusions in Rho(D)-negative individuals transfused with blood components containing Rho(D)-positive RBCs. (2) Raising platelet counts in Rho(D)-positive non-splenectomized adults with chronic ITP.	(1) Treatment of ITP in Rho(D)-positive non-splenectomized adults and children. (2) Suppression of Rh isoimmunization during pregnancy and other obstetric conditions, or in Rh-incompatible transfusions as described in the full prescribing information.	Prophylaxis against tetanus following injury in patients whose immunization is incomplete or uncertain. Also indicated in the regimen of treatment of active cases of tetanus (although evidence of effectiveness is limited).	Postexposure prophylaxis in high-risk individuals. See full prescribing information for high-risk groups.[5]
Contraindications[1]	History of allergy or anaphylaxis to rabbit proteins or to any product excipients. Presence of active acute or chronic infections which contraindicate any additional immunosuppression.	Prior history of severe reaction to other human immunoglobulin preparations. Selective IgA deficiency with anti-IgA antibodies.	Do not use in individuals with a history of a prior severe reaction associated with the administration of human Ig preparations. Patients with selective IgA deficiency could develop antibodies to IgA in product and could have anaphylactic reactions to subsequent administration of IgA-containing blood products, including Cytogam.	None known.	Persons known to have had an anaphylactic or severe systemic reaction to human globulin. Individuals with IgA deficiency may have the potential to develop antibodies against IgA and anaphylactic reactions.	History of anaphylactic or severe systemic reactions to human globulins. IgA-deficient individuals may have the potential to develop antibodies to IgA and have an anaphylactoid reaction. In individuals with severe thrombocytopenia or any coagulation disorder that would contraindicate IM injections, give product only if expected benefits outweigh potential risks.	None.	Do not administer in repeated doses once vaccine treatment has been initiated. Repeating the dose may interfere with maximum active immunity expected from the vaccine. See also WARNINGS in full prescribing information.	None.	None known.	Rh-positive individuals.	(1) History of anaphylactic or severe systemic reaction to human immune globulin products. (2) IgA-deficient patients with antibodies against IgA and a history of hypersensitivity to Rhophylac or any of its components.	Do not use in infants for the suppression of Rho(D) isoimmunization or in patients with (1) known history of anaphylactic or severe systemic reaction to human immune globulin products, (2) IgA deficiency with antibodies against IgA and a history of hypersensitivity, (3) autoimmune hemolytic anemia with pre-existing hemolysis or at high risk for hemolysis.	None known.	History of anaphylactic or severe systemic reactions to human immune globulin preparations. IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.
Preparation/ Administration[1]	Allow vials to reach room temperature prior to reconstituting the lyophilized product. Aseptically reconstitute each vial with 5 mL SWFI. Requires further dilution in saline or dextrose (see full prescribing information) prior to administration. First infusion should be delivered over a minimum of 6 hours, and over at least 4 hours on subsequent days of therapy.[1]	Reconstitute vial with 2 ml SWFI. Infuse within 2 hours after reconstitution and conclude within 4 hours of reconstitution. Administer using low volume tubing and constant infusion pump. Begin slowly, infusing at 0.5 cc per kg body weight per hour (25 mg/kg/hour). If no reactions occur after 15 minutes, rate may be increased to 1 mL per kg body weight per hour (50 mg/kg/hour)—rate should not be exceeded.[1]	See full prescribing information regarding initial and maximum infusion rate. Infusion should begin within 6 hours of entering the vial and should be complete within 12 hours of entering the vial. Administer through a separate IV line; if not possible, Cytogam may be piggybacked into a pre-existing line containing NaCl or 2.5%, 5%, 10% or 20% dextrose in water, but should not diluted more than 1:2 with any of these solutions.[1]	For greatest effectiveness, administer as soon as possible after exposure and within 24 hours, if possible. For persons who refuse hepatitis B vaccine, a second dose of HBIG should be given 1 month after the first dose.	For greatest effectiveness, administer as soon as possible after exposure and within 24 hours, if possible. For persons who refuse hepatitis B vaccine, a second dose of HBIG should be given 1 month after the first dose.	For IV administration (for prevention of hepatitis B recurrence following liver transplantation), administer HepaGam B through a separate IV line using an infusion pump at a rate of 2 mL/min, decreasing to 1 mL/min or slower if the patient develops discomfort or infusion-related adverse reactions. (2) Postexposure prophylaxis: Administer IM as recommended in full prescribing information.	Calculate the volume of HyperRAB for the recommended dose of 20 IU/kg (note that product strength is now 300 IU/mL, versus 150 IU/mL, for predecessor product, HyperRAB S/D). Administer as soon as possible after exposure, preferably at the same time of the first rabies vaccine dose.	20 IU/kg (0.133 mL/kg) of body weight administered at the time of the first vaccine dose. Inject Imogam Rabies - HT as promptly as possible after exposure, along with the first dose of vaccine.	20 IU/kg body weight, given at the time of the first vaccine dose and as soon as possible after exposure. No more than the recommended dose of KEDRAB should be given.	Administer IM only. Never administer to the neonate. See full prescribing information for detailed administration instructions. **Full Dose:** (1) Give within 72 hours of delivery. (2) Give within 72 hours of incompatible transfusion, but preferably as soon as possible. **Mini Dose:** Give within 3 hours or as soon as possible following spontaneous or induced abortion.	For all **RhoGAM** and **MICRhoGAM** indications, see full prescribing information.	**IM injections:** For large doses (greater than 5 mL) it is advisable to administer Rhophylac in divided doses at different sites. **IV administration:** Infuse at a rate of 2 mL per 15 to 60 seconds.	Treatment of ITP: Administer IV only. Entire dose may be injected in a suitable vein over 3 to 5 minutes, separately from other drugs. Suppression of Rh isoimmunization: Administer IV or IM. Administer IM into the deltoid muscle of the upper arm or in the anterolateral aspects of upper thigh. If gluteal region is used, use only the upper outer quadrant to avoid risk of sciatic nerve injury.	Give by deep IM injection, preferably in the deltoid muscle of the upper arm or lateral thigh muscle. The gluteal region should not be used as an injection site due to risk of injury to the sciatic nerve.	Divide the dose and administer in two or more injection sites, depending on patient size. Do not exceed 3 mL per site. Inject into deltoid muscle or anterolateral aspects of upper thigh.
Other Administration Issues[1]	Infuse through an in-line 0.22 micrometer filter, using a high-flow vein. Reconstituted vial must be used immediately (contains no preservatives). Discard any unused drug after infusion.	Administer through a separate IV line. If this is not possible, see prescribing information. Use an in-line or syringe-tip sterile disposable filter (18 micrometer). Allow 30 minutes for dissolving the powder. Do not shake the vial—vial foaming. Do not store in reconstituted state.	Administer with an in-line filter (pore size 15 microns) using a constant infusion pump. A 0.2 micron in-line filter is also acceptable. Do not shake vial. Avoid foaming.	Preferably administer in the deltoid muscle of the upper arm or lateral thigh muscle. Hepatitis B vaccine may be administered at the same time, but at a different injection site.[3]	Use the anterolateral aspect of the upper thigh or deltoid muscle of upper arm. Hepatitis B vaccine may be administered at the same time, but at a different injection site.[3] Product is preservative free. Use within 6 hours after the vial has been entered. Do not save or reuse.	Do not shake vial. Avoid foaming. Use within 6 hours after the vial has been entered. Do not save or reuse vials that have been entered for future use.	Infiltrate the full dose thoroughly in the area around and into the wound(s), if anatomically feasible. Dilute with an equal volume of dextrose (D5W), if additional volume is needed to infiltrate the entire wound. Do not dilute with normal saline. Inject the remainder of the dose, if any, IM into the deltoid muscle of the upper arm or into the lateral thigh muscle, and distant from the site of vaccine administration.	If anatomically feasible, the full dose should be thoroughly infiltrated around and into the wounds; inject any remaining volume IM, using a different needle at a site distant from vaccine administration.	Infiltrate as much of the dose as possible into and around any detectable bite wounds. Inject any remaining volume IM into the upper arm deltoid region or, in small children, into the anterolateral aspect of the thigh. Administer the remaining KEDRAB at site(s) distant from the site of the rabies vaccine.	Administer IM, preferably in the deltoid muscle of upper arm or lateral thigh muscle. The gluteal region should not be used routinely as an injection site because of risk of injury to the sciatic nerve.	*For pregnancy and other obstetrical conditions:* See full prescribing information. *For transfusion of Rh-incompatible blood or blood products:* Administer within 72 hours of suspected or proven exposure to Rh-positive red blood cells.	**For suppression of Rh isoimmunization:** Administer by IV or IM route. **For treatment of ITP:** Administer by the IV route only. Do not administer to the newborn infant of the mother that received Rhophylac postpartum. For single use only. Bring to room temperature before use.	Closely monitor patients for at least 8 hours after administration. Use alternative treatments if the patient's hemoglobin level is <8 g/dL. Contains maltose which may give falsely elevated blood glucose readings with certain types of blood glucose testing systems. See Warnings and Patient Counseling Information sections of full prescribing information for additional details.	See complete prescribing information for indications and use in wound management.	Due to the risk of sciatic nerve injury, do not use the gluteal region as a routine injection site. If the gluteal region is used, only use the upper, outer quadrant.
Drug Interactions[1]	No drug interaction studies have been performed. When used in conjunction with standard immunosuppressive regimen, this may predispose patient to over-immunosuppression. Many transplant centers decrease maintenance immunosuppression therapy during the period of antibody therapy. Thrombocytopenia that can stimulate the production of antibodies that cross-react with rabbit immune globulins.	Administures with other solutions have not been evaluated. Administer separately from other drugs or medications. Defer live virus vaccinations until approximately 3 or more months after administration of BabyBIG.	Administures with other solutions have not been evaluated. Administer separately from other drugs or medications. Defer live virus vaccines until approximately 3 months after administration, as antibodies present in Cytogam may interfere with the immune response to the vaccine.	Defer live virus vaccination until about 3 months after administration of HyperHEP B. No interactions with other products are known.	Defer live virus vaccination until about 3 months after administration of Nabi-HB. Product should not be mixed with other drugs.	Defer vaccination with live attenuated virus vaccines until approximately 3 months after administration of HepaGam B. See Section 7 of the full prescribing information for additional information relating to vaccine interactions.	Do not administer repeated doses of HyperRAB once vaccine treatment has been initiated, as this may suppress the immune response to the vaccine. Defer immunization with live virus vaccines for 4 months after HyperRAB administration.	Postpone immunization with live vaccines until at least 3 months after Imogam Rabies - HT administration, because antibodies in the globulin preparation may interfere with the immune response to the vaccination.	Avoid immunization with live virus vaccines within 3 months after KEDRAB administration (or in the case of measles vaccine, within 4 months after KEDRAB administration), as KEDRAB may interfere with the response to live vaccines.	Immunization with live vaccines should not be given within 3 months after HyperRHO S/D administration.	Administration of live vaccines should generally be delayed until 12 weeks after the final dose of immune globulin. If administered within 14 days after administration of a live vaccine, the efficacy of the vaccination may be impaired.	Immunoglobulin administration may transiently interfere with the immune response to live attenuated virus vaccines such as measles, mumps, rubella and varicella.	Do not immunize with live virus vaccines (e.g., measles, mumps, rubella, varicella) within 3 months of WinRho SDF administration. Concomitant administration with other drugs has not been evaluated.	The use of live viral vaccines should be deferred until approximately 3 months after HyperTET S/D administration. Antibodies in immunoglobulin preparations may interfere with live viral vaccines such as measles, mumps, polio and rubella.	The passive transfer of antibodies with immune globulin administration may impair the efficacy of live attenuated virus vaccines such as measles, rubella, mumps and varicella. Defer vaccination with live virus vaccines until approximately three months after VARIZIG administration.
Latex Content	Latex-free	Latex-free	Contains latex	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free	Latex-free

GENERAL INFORMATION

Do not use after expiration date. Bring immune globulin product to room temperature prior to administration. Do not mix human immune globulin products of differing formulations or brands. Do not use if particulate matter, turbidity, or discoloration is seen on visual inspection prior to administration. Administer with caution to patients with a history of prior systemic allergic reactions following administration of human immune globulin. Persons with specific IgA deficiency have increased potential for developing antibodies to IgA and could have anaphylactic reactions to blood products containing IgA. For IM injections in patients with severe thrombocytopenia or any coagulation disorder that contraindicates the injection, the expected benefits must be weighed against the risks. If the gluteal region is used for IM injection, the central region must be avoided (due to risk of injury to the sciatic nerve) – only use the upper, outer quadrant.

The information presented in this guide is not meant to serve as a guideline for patient management. Any procedures, medications or other courses of diagnosis or treatment discussed or suggested in this guide should not be used by clinicians without full evaluation of their patients' conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

KEY

anti-HBs antibodies to hepatitis B surface antigen
CMV cytomegalovirus
HBsAg hepatitis B surface antigen
HBV hepatitis B virus
IgA immunoglobulin A
IM intramuscular
ITP Immune/Idiopathic thrombocytopenic purpura
IU international units
IV intravenous
mcg micrograms
mL milliliter
RBCs red blood cells; in context of Rho(D) Immune Globulin, includes any RBC-containing blood component.
SWFI Sterile Water for Injection

NOTES

[1] See full prescribing information for dosing, additional warnings, precautions, instructions or special recommendations; always consult full prescribing information before initiating treatment with any of these products.
[2] Syringe includes an attached UltraSafe® Needle Guard.
[3] See full prescribing information and specific recommendations on hepatitis B post-exposure prophylaxis for percutaneous or permucosal, perinatal, sexual, or household exposure to the hepatitis B virus.
[4] In conjunction with the standard series of Rabies Vaccine vaccinations.
[5] If administered to the Rho(D)-negative mother within 72 hours after birth of a Rho(D)-positive infant.
[6] High-risk groups include: (1) immunocompromised children and adults, (2) newborns of mothers with varicella shortly before or after delivery, (3) premature infants, (4) infants less than one year of age, (5) adults without evidence of immunity and (6) pregnant women.

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Service Directory

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Hyperimmune Globulin

Reference Chart

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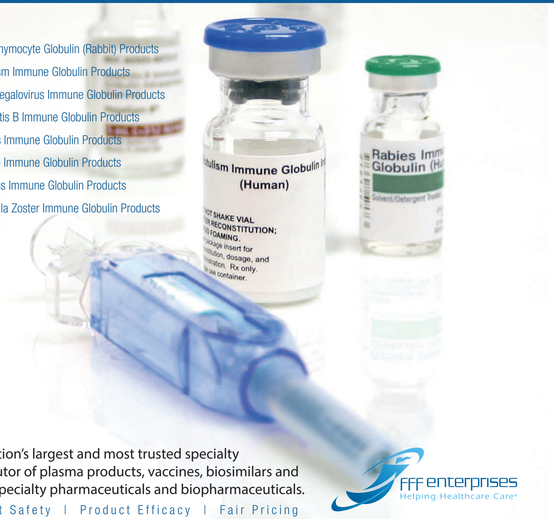
- Rho(D) Immune Globulin Products
- Tetanus Immune Globulin Products
- Varicella Zoster Immune Globulin Products



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