Commitment to Patients

FFF Enterprises continues to set the standard for patient safety, product efficacy, and fair pricing through key partnerships, programs, and services to ensure patients receive high-quality care with responsibly sourced treatments. With over 13,000 consecutive days of supplying providers and patients with counterfeit-free specialty pharmaceuticals, our customers can trust our commitment to providing secure therapies and medical devices.

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Since 1988, we have been passionate about our commitment to building strong, trustworthy relationships with our manufacturing partners and patient providers like CVS, Premier, Vizient, and Minnesota Multistate. With our flawless safety track record of counterfeit-free product distribution, we serve approximately 96% of community-based hospitals, more than 74,000 specialty groups, over 25,000 retail pharmacies, and approximately 60% of home infusion providers nationwide.

Integrity In Responsible Distribution

FFF goes beyond distribution in our commitment to lead with integrity and a patient-centered focus. By constantly seeking innovative solutions to reinforce the safety of the supply chain, maintain product accessibility, and provide valuable resources, we are making a difference in healthcare. Everything we do affirms our dedication to sustain a reliable, secure pharmaceutical supply chain in the pursuit of our mission of Helping Healthcare Care.®

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- Dermatology
- Generic Pharmaceuticals
- Hyperimmune Globulin
- Immune Globulin
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FFF Enterprises, Inc. is the nation's most trusted specialty drug distributor and diversified healthcare company, supplying healthcare providers and patients with high-quality, counterfeit-free pharmaceuticals. Our partners include global pharmaceutical and biologics manufacturers, prestigious healthcare systems, large and independent retail pharmacies, and leading alternate care sites. Our nationwide commerce is supported by a network of distribution and infusion pharmacy locations utilizing world-class technology and cybersecurity solutions.

FFF Enterprises is dedicated to improving and safeguarding the specialty pharmaceuticals supply chain through Guaranteed Channel Integrity™ – our commitment to purchase product directly from manufacturers and ship it only to licensed healthcare professionals.

From our in-house teams of customer care representatives, advisors and advocates, to our national field team of territory managers, there is a responsive, dedicated expert to care for your product and patient needs 24/7 at (800) 843-7477.

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REFERENCE CHART

Hyperimmune Globulins

- Anti-Thymocyte Globulin (Rabbit)
- Botulism Immune Globulin
- Cytomegalovirus Immune Globulin
- Hepatitis B Immune Globulin Products
- Rabies Immune Globulin Products
- Rho(D) Immune Globulin Products
- Tetanus Immune Globulin
- Varicella Zoster Immune Globulin

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Going Beyond Distribution,

Because Patients Are ***Always First.***

At the end of every transaction, there's a patient waiting for that product.

– Patrick M. Schmidt, CEO

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Hyperimmune Globulin 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®	Nabi-HB®	HepaGam B®	HyperRAB®	KEDRAB™	HyperRHO®-S/D Full Dose & Mini Dose	MICRhoGAM® Ultra-Filtered PLUS	Rhophylac®	WinRho® SDF	HyperTET®	VARIZIG®
Manufacturer/Supplier	Sanofi	California Department of Public Health	Kamada	Grifols	ADMA Biologics	Kamada	Grifols	Kedrion Biopharma	Grifols	Kedrion Biopharma	CSL Behring	Kamada	Grifols	Kamada
Contact Number	(800) 633-1610	(510) 231-7600	(866) 916-0077	(800) 520-2807	(800) 458-4244	(866) 916-0077	(800) 520-2807	(855) 353-7466	(800) 520-2807	(855) 353-7466	(800) 504-5434	(866) 916-0077	(800) 520-2807	(866) 916-0077
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)	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
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-dose vial (>312 IU/mL) 5 mL sterile solution: single-dose vial (>312 IU/mL)	1 mL (300 IU) single-dose vial 3 mL (900 IU) single-dose vial 5 mL (1500 IU) single-dose 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	600 IU (120 mcg) single-dose vial 1,500 IU (300 mcg) single-dose vial 2,500 IU (500 mg) single-dose vial 5,000 IU (1,000 mcg) single-dose vial 15,000 IU (3,000 mcg) single-dose vial	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)[1] 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]	Prophylaxis and treatment of acute rejection in patients receiving a kidney transplant, 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 a HBsAg-positive person; • Household exposure to persons with acute HBV infection.		IV: Prevention of hepatitis B recurrence following liver transplantation in HBsAg-positive liver transplant patients. IM: 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.	Passive, transient post-exposure prophylaxis of rabies infection, when given immediately after contact with a rabid or possibly rabid animal. Administer concurrently with a full course of rabies vaccine. Patients who can document previous complete rabies pre- or post-exposure prophylaxis should not receive a booster rabies vaccine without KEDRAB.	Full Dose: (1) Prevention of Rh hemolytic disease of newborn.[1] (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. Refer to full prescribing information for more details regarding use in pregnancy and other obstetrical conditions.	(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) Raising platelet counts in Rho(D)-positive, non-splectomized children with chronic or acute ITP, adults with chronic ITP, and children and adults with ITP secondary to HIV infection. (2) Suppression of Rh isoimmunization in pregnancy and other obstetric conditions in non-sensitized, Rho(D)-negative women with a Rh-incompatible pregnancy (see Indications and Usage). (3) Incompatible transfusions in Rho(D)-negative individuals transfused with blood components containing Rho(D)-positive RBCs.	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 footnote 6 below for indicated high-risk groups.[6]
Contraindications[1]	History of allergy or anaphylactic reaction 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 globulin. 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.	None.	None known.	Do not use in (1) Rh-positive individuals or (2) patients with a known history of anaphylactic or severe systemic reactions to the administration of human immune globulin products.	(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. (3) The newborn infant of a mother that received RHOPHYLAC postpartum.	(1) Known history of anaphylactic or severe systemic reaction to human globulin products. (2) IgA deficiency with antibodies against IgA and a history of hypersensitivity reaction to WinRho SDF or any of its components. (3) autoimmune hemolytic anemia with pre-existing hemolysis or at high risk for hemolysis, and (4) infants for the suppression of Rho(D) isoimmunization.	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. Administer the first dose over a minimum of 6 hours; administer doses on subsequent days over at least 4 hours.	Reconstitute in 2 mL SWFI; allow 30 minute interval for dissolving the powder. Begin infusion within 2 hours after reconstitution and conclude within 4 hours of reconstitution. Begin slowly, infusing at 0.5 mL per kg body weight per hour (25 mg/kg/hour). If no reactions occur after 15 minutes, rate may be increased to 1 mL/kg/hour (50 mg/kg/hour). DO NOT EXCEED 50 mL/kg/hour.	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 Sodium Chloride Injection or 2.5%, 5%, 10% or 20% dextrose in water, but should not diluted more than 1:2 with any of these solutions.[1]	Inspect for particulate matter and discoloration prior to administration. See full prescribing information for dosage and administration recommendations relating to each indication.	Inspect for particulate matter and discoloration prior to administration. See full prescribing information for dosage and administration recommendations relating to each indication.	(1) For prevention of hepatitis B recurrence following liver transplantation, administer HepaGam B intravenously 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) For exposure prophylaxis: Administer IM as recommended in full prescribing information.	The volume required of HyperRAB (300 IU/mL) to achieve the recommended dose of 20 IU/kg is approximately one half of that required for the previous HyperRAB S/D (150 IU/mL). Administer as soon as possible after exposure, preferably at the time of the first rabies vaccine dose.	20 IU/kg body weight, given at the time of the first vaccine dose and as soon as possible after exposure. Do not exceed the recommended dose or administer additional doses of KEDRAB.	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 both RhoGAM and MICRhoGAM, refer to "Dosage and Administration" section of full prescribing information.	***Suppression of Rh isoimmunization (IV or IM administration)*** If large doses (greater than 5 mL) are required and IM injection is chosen, it is advisable to administer Rhophylac in divided doses at different sites. See full prescribing information for more details. ***ITP (IV administration only):*** 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 must be 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 into a high flow vein. Reconstituted product must be used immediately (THYMOGLOBULIN contains no preservatives). Discard any unused drug remaining after infusion.	Administer through a separate IV line. Administer using low volume tubing and constant infusion pump. If this is not possible, see section 2.3 of the full 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–will cause 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]	Preferred sites for IM injections are anterolateral aspect of the upper thigh and the deltoid muscle.[1] Product is preservative free. Use within 6 hours after the vial has been entered. Do not save or reuse.	Do not shake vials during preparation to avoid foaming. Promptly use any vial that has been entered. 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 sterile SWFI, 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.	Infiltrate as much of the dose as possible into and around any detectable bite wounds. Administer any remaining KEDRAB IM into anatomical sites(s) distant from the site of the rabies vaccine. See also Section 2.2 (Administration) of te full prescribing information.	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: refer to 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.	The safety of Rhophylac in the treatment of ITP has not been established in patients with pre-existing anemia. Bring to room temperature before use.	Closely monitor patients for at least 8 hours after administration. Use alternative treatments in patients whose hemoglobin level is <8 g/dL. Contains maltose which may give falsely elevated blood glucose readings in 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 recommended dosage schedule for routine prophylaxis and treatment of active cases of tetanus.	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. To prevent over-immunosuppression, physicians may wish to decrease the dose of the maintenance immunosuppression regimen during the period of THYMOGLOBULIN use. Thymoglobulin can stimulate the production of antibodies that cross-react with rabbit immune globulins.	Administers with other solutions have not been evaluated. Administer separately from other drugs or medications. Defer live virus vaccinations until 6 months after administration of BabyBIG.	Administers 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 7.1 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. Defer immunization with live virus vaccines such as measles, mumps, polio or rubella for 4 months after HyperRAB administration.	If feasible, delay immunization with measles vaccine for 4 months, and other live attenuated virus vaccines for 3 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 immune response to the vaccination may be inhibited.	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 vaccines within 3 months after the final dose of Rhophylac.	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 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

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
IG immunoglobulin
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, providing certain specified criteria are met; refer to full prescribing information.
[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) neonates and infants less than one year of age, (5) adults without evidence of immunity and (6) pregnant women.
[7] HyperRAB may be stored at RT up to 25°C (77°F) for up to 6 months. Use within 6 months after removal from refrigeration at any time prior to expiration date, after which the product must be used or discarded. Do not return to refrigeration.