

PRODUCT MONOGRAPH  
INCLUDING PATIENT MEDICATION INFORMATION

**HyperRHO® S/D Full Dose**

Rho(D) Immunoglobulin (Human)

*Solvent/Detergent Treated*

≥ 1500 IU pre-filled syringes

Solution for Intramuscular Injection

Manufacturer's Standard

Passive Immunizing Agent

ATC Code J06BB01

Manufactured by:

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Imported and Distributed by:

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## PART I: HEALTH PROFESSIONAL INFORMATION

### 1 INDICATIONS

HyperRHO® S/D Full Dose (Rho(D) Immunoglobulin [Human]) is indicated for:

- **Pregnancy**

Postpartum

The prevention of Rh immunization in an Rh<sub>o</sub>(D) negative mother not already sensitized to the Rh<sub>o</sub>(D) factor after delivery of an infant who is Rh<sub>o</sub>(D) positive or unknown.

Antepartum

The prevention of Rh immunization in the Rh<sub>o</sub>(D) negative pregnant woman if the father of the infant is either Rh<sub>o</sub>(D) positive or unknown.

- **Pregnancy - Other Obstetric Conditions:**

The prevention of Rh immunization in all non-immunized Rh<sub>o</sub>(D) negative women following spontaneous or induced abortion, ruptured tubal pregnancy, amniocentesis or abdominal trauma, unless the blood group of the fetus or the father is known to be Rh<sub>o</sub>(D) negative. If the fetal blood group cannot be determined, one must assume that it is Rho(D) positive, and HyperRHO® S/D Full Dose should be administered to the mother.

Prevention of Rh immunization in non-immunized Rh<sub>o</sub>(D) negative mothers/women prevents the development of the hemolytic disease of the newborn.

- **Transfusion**

HyperRHO® S/D Full Dose may be used to prevent isoimmunization in Rh<sub>o</sub>(D) negative individuals who have been transfused with Rh<sub>o</sub>(D) positive red blood cells or blood components containing red blood cells.

***For Timing of administration, see 4.0 Dosage and Administration, 4.1 Dosing Considerations, 4.2 Recommended Dose and Adjustment.***

#### 1.1 Pediatrics

Safety and effectiveness in the pediatric population have not been established. HyperRHO® S/D Full Dose should not be administered to neonates.

#### 1.2 Geriatrics

Safety and effectiveness in the geriatric population have not been established.

### 2 CONTRAINDICATIONS

HyperRHO® S/D Full Dose is contraindicated in:

- patients who are hypersensitive to human immunoglobulin preparations or to any ingredient in the formulation or component of the container. For a complete listing, see the DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING section.

### 3 SERIOUS WARNINGS AND PRECAUTIONS BOX

<b>Serious Warnings and Precautions</b>
<ul style="list-style-type: none"> <li>For intramuscular injection only. Do not give intravenously (see WARNINGS AND PRECAUTIONS: General).</li> <li>Products made from human plasma may contain infectious agents such as viruses (see WARNINGS AND PRECAUTIONS: General).</li> <li>Do not administer to neonates (see WARNINGS AND PRECAUTIONS: Special Populations: Pediatrics).</li> </ul>

### 4 DOSAGE AND ADMINISTRATION

#### 4.1 Dosing Considerations

For intramuscular injection only.

Do not give intravenously.

Do not administer to neonates.

#### 4.2 Recommended Dose and Dosage Adjustment

HyperRHO® S/D Full Dose should be used at the doses noted below for each specific situation, to prevent Rh immunization in Rho(D)-negative individuals.

**Table 1: Recommended Doses by Indication**

<b>Indication</b>	<b>Timing of Administration</b>	<b>Dose</b>
Pregnancy (postpartum)	Within 72 hours of delivery <sup>1</sup>	1500 IU <sup>2</sup>
Pregnancy (ante partum/antenatal)	28 weeks gestation	1500 IU
Following Threatened Abortion	any stage of gestation with continuation of pregnancy	1500 IU <sup>2</sup>
Following Miscarriage, Abortion, or Termination of Ectopic Pregnancy	at or beyond 13 weeks' gestation	1500 IU <sup>2</sup>
	prior to 13 weeks' gestation	250 IU
Following Amniocentesis	at 15 to 18 weeks' gestation or during the 2 <sup>nd</sup> trimester	1500 IU <sup>2,3</sup>
	2 <sup>nd</sup> dose, preferably within 72 hrs of delivery (if infant is Rh positive or unknown)	1500 IU <sup>4</sup>
Following Abdominal Trauma during Pregnancy	During 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester	1500 IU <sup>2,3</sup>
	2 <sup>nd</sup> dose, preferably within 72 hrs of delivery (if infant is Rh positive or unknown)	1500 IU <sup>4</sup>

Indication	Timing of Administration	Dose
Transfusion of Rho(D) positive red cells to a Rho(D) negative recipient	As soon as possible, within 72 hrs after incompatible transfusion	Calculated <sup>5</sup>

<sup>1</sup> Preferred timing, though a lesser degree of protection is still afforded if Rh antibody is administered beyond the 72-hour period

<sup>2</sup> One 1500 IU syringe is sufficient if the volume of red blood cells that has entered the circulation is 15 mL or less. When a large (greater than 30 mL of whole blood or 15 mL red blood cells) fetomaternal hemorrhage is suspected, a fetal red cell count by an approved laboratory technique (e.g., modified Kleihauer-Betke acid elution stain technique) should be performed to determine the dosage of immunoglobulin required. The red blood cell volume of the calculated fetomaternal hemorrhage is divided by 15 mL to obtain the number of 1500 IU syringes for administration. If more than 15 mL of red cells is suspected or if the dose calculation results in a fraction, administer the next higher whole number of vials or syringes (e.g., if 1.4, give 2 syringes).

<sup>3</sup> If initial dose is required to be administered at 13 to 18 weeks' gestation, another 1500 IU dose should be given at 26 to 28 weeks pregnancy. To maintain protection throughout pregnancy, the level of passively acquired anti-Rho(D) should not be allowed to fall below the level required to prevent an immune response to Rh positive red cells. The half-life of IgG is 23 to 26 days.

<sup>4</sup> Second dose may be withheld if delivery occurs within 3 weeks after the last dose, unless there is a fetomaternal hemorrhage in excess of 15 mL of red blood cells.

<sup>5</sup> The volume of Rh positive whole blood administered is multiplied by the hematocrit of the donor unit giving the volume of red blood cells transfused. The volume of red blood cells is divided by 15 mL which provides the number of 1500 IU syringes to be administered. If the dose calculated results in a fraction, the next higher whole number of syringes should be administered (e.g., if 1.4, give 2 syringes).

#### 4.4 Administration

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

HyperRHO<sup>®</sup> S/D Full Dose is administered intramuscularly, preferably in the anterolateral aspects of the upper thigh and the deltoid muscle of the upper arm. The gluteal region should not be used routinely as an injection site because of the risk of injury to the sciatic nerve. If the gluteal region is used, the central region **MUST** be avoided; only the upper, outer quadrant should be used.

HyperRHO<sup>®</sup> S/D Full Dose is supplied as a pre-filled syringe comprised of a syringe barrel with plunger, a needle with a needle cap (shield), and a plastic needle guard. Please follow instructions below for proper use of pre-filled syringe and Needle Guard.

##### *Directions for administration of pre-filled syringe:*

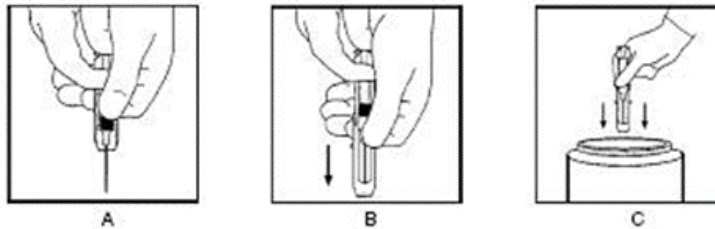
1. Remove the pre-filled syringe from the package. Lift pre-filled syringe by barrel, not by plunger. The plastic needle guard must be kept in its original position until after administration and should only be pulled down over the needle for disposal of the used syringe.
2. Twist the plunger rod clockwise until the threads are seated. Do not use if the pre-filled syringe is prematurely engaged.
3. With the rubber needle shield secured on the pre-filled syringe tip, push the plunger rod forward a few millimeters to break any friction seal between the stopper and the glass

syringe barrel.

4. Remove the needle shield and expel air bubbles (Do not remove the needle shield to prepare the product for administration until immediately prior to the anticipated injection time).
5. Proceed with hypodermic needle puncture.
6. Aspirate prior to injection to confirm that the needle is not in a vein or artery.
7. Inject the medication.

*Directions for disposal of pre-filled syringe after administration:*

1. Keeping your hands away from the needle, grasp the needle guard and slide it forward towards the uncovered needle until the plastic guard completely covers the needle and clicks into place. If audible click is not heard, guard may not be completely activated. (See Diagrams A and B)
2. Place entire syringe with needle guard activated into an approved sharps container for proper disposal. (See Diagram C)



*Single Syringe Dose*

Inject entire contents of the syringe into the selected muscle.

*Multiple Syringe Dose*

1. Calculate the number of syringes of HyperRHO® S/D Full Dose to be given (see DOSAGE AND ADMINISTRATION: Recommended Dose and Dosage Adjustment).
2. The total volume of HyperRHO® S/D Full Dose can be given in divided doses at different sites at one time or the total dose may be divided and injected at intervals, provided the total dosage is given within 72 hours of the fetomaternal hemorrhage or transfusion.

Using sterile technique, inject the entire contents of each calculated number of syringes into the selected muscle of the patient.

## 5 OVERDOSAGE

Although no data are available, clinical experience with other immunoglobulin preparations suggests that the only manifestations would be pain and tenderness at the injection site.

For management of a suspected drug overdose, contact your regional poison control centre.

## 6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING

To help ensure the traceability of biologic products, including biosimilars, health professionals should recognise the importance of recording both the brand name and the non-proprietary (active ingredient) name as well as other product-specific identifiers such as the Drug Identification Number (DIN) and the batch/lot number of the product supplied.

**Table 2 – Dosage Forms, Strengths, Composition and Packaging**

Route of Administration	Dosage Form / Strength/Composition	Non-medical Ingredients
Intramuscular injection	Injectable solution; 15-18% protein, containing $\geq 1500$ International Units (IU)	glycine

HyperRHO® S/D Full Dose is available in single-use pre-filled syringes with an attached needle guard for your protection and convenience. Please follow instructions above for proper use of pre-filled syringe and needle guard.

Each HyperRHO® S/D Full Dose pre-filled syringe contains  $\geq 1500$  IU, and the sterile solution appears clear to opalescent, and colorless or pale yellow to pink. HyperRHO® S/D Full Dose contains no preservative and is latex-free.

### Description

HyperRHO® S/D Full Dose is prepared by cold ethanol fractionation from human plasma. The immunoglobulin is isolated from solubilized Cohn Fraction II. The Fraction II solution is adjusted to a final concentration of 0.3% tri-n-butyl phosphate (TNBP) and 0.2% sodium cholate. After the addition of solvent (TNBP) and detergent (sodium cholate), the solution is heated to 30°C and maintained at that temperature for not less than 6 hours. After the viral inactivation step, the reactants are removed by precipitation, filtration and finally ultrafiltration and diafiltration. HyperRHO® S/D Full Dose is formulated as a 15-18% protein solution at a pH of 6.4 to 7.2 in 0.21 to 0.32 M glycine. The pH is adjusted using sodium carbonate. HyperRHO® S/D Full Dose is then incubated in the final container for 21 to 28 days at 20 to 27°C. The potency is equal to or greater than 1500 IU. Each single dose syringe contains sufficient anti-Rho(D) to effectively suppress the immunizing potential of 15 mL of Rho(D) positive red blood cells.

## 7 WARNINGS AND PRECAUTIONS

Please see the Serious Warnings and Precautions Box at the beginning of Part I: Health Professional Information.

### General

HyperRHO® S/D Full Dose is made from human plasma. Products made from human plasma may contain infectious agents, such as viruses, that can cause disease. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections,



and by inactivating and/or removing certain viruses. Despite these measures, such products can still potentially transmit disease. There is also the possibility that unknown infectious agents may be present in such products. Individuals who receive infusions of blood or plasma products may develop signs and/or symptoms of some viral infections, particularly hepatitis C. ALL infections thought by a physician possibly to have been transmitted by this product should be reported by the physician or other healthcare provider to Grifols Canada Ltd. [1-866-482-5226].

The physician should discuss the risks and benefits of this product with the patient, before prescribing or administering to the patient.

HyperRHO<sup>®</sup> S/D Full Dose should not be administered intravenously because of the potential for serious reactions. It should be only injected intramuscularly.

As with all preparations administered by the intramuscular route, bleeding complications may be encountered in patients with thrombocytopenia or other bleeding disorders.

### **Hypersensitivity Reactions**

HyperRHO<sup>®</sup> S/D Full Dose should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations.

The attending physician who wishes to administer Rho(D) Immunoglobulin (Human) to persons with isolated immunoglobulin A (IgA) deficiency must weigh the benefits of immunization against the potential risks of hypersensitivity reactions. Such persons have increased potential for developing antibodies to IgA and could have anaphylactic reactions to subsequent administration of blood products that contain IgA.

Although systemic reactions to human immunoglobulin preparations are rare, epinephrine should be available for treatment of acute anaphylactic reactions.

### **Monitoring and Laboratory Tests**

A large fetomaternal hemorrhage late in pregnancy or following delivery may cause a weak mixed field positive D<sup>u</sup> test result. If there is any doubt about the mother's Rh type, she should be given Rho(D) Immunoglobulin (Human). A screening test to detect fetal red blood cells may be helpful in such cases.

If more than 15 mL of D-positive fetal red blood cells are present in the mother's circulation, more than a single dose of HyperRHO<sup>®</sup> S/D Full Dose is required. Failure to recognize this may result in the administration of an inadequate dose.

## **7.1 Special Populations**

### **7.1.1 Pregnant Women**

Animal reproduction studies have not been conducted with HyperRHO<sup>®</sup> S/D Full Dose. There is no evidence that clinical use of Rho(D) Immunoglobulin (Human) in the prevention of Rh immunization in pregnant women has resulted in fetal harm.

### **7.1.2 Breast-feeding**

It is unknown if HyperRHO<sup>®</sup> S/D Full Dose is excreted in human milk. Precaution should be exercised because many drugs can be excreted in human milk.

### 7.1.3 Pediatrics

Safety and effectiveness in the pediatric population have not been established. HyperRHO® S/D Full Dose should not be administered to neonates.

### 7.1.4 Geriatrics

Safety and effectiveness in the geriatric population have not been established.

## 8 ADVERSE REACTIONS

### 8.1 Adverse Reaction Overview

Reactions to Rho(D) Immunoglobulin (Human) are infrequent in Rho(D) negative individuals and consist primarily of slight soreness at the site of injection and slight temperature elevation.

While sensitization to repeated injections of human immunoglobulin is extremely rare, it has occurred.

Elevated bilirubin levels have been reported in some individuals receiving multiple doses of Rho(D) Immunoglobulin (Human) following mismatched transfusions. This is believed to be due to a relatively rapid rate of foreign red cell destruction.

### 8.5 Post-Market Adverse Reactions

The following individual reports of serious, unexpected adverse drug reactions have been reported, where a causal relationship to HyperRHO® S/D Full Dose could not be excluded. The events associated with these isolated reports are presented below:

- Chest pain, chest tightness, headache, shortness of breath, throat swelling
- Generalized edema, dyspnea, exanthema, generalized pruritis

## 9 DRUG INTERACTIONS

### 9.4 Drug-Drug Interactions

**Table 3 - Established or Potential Drug-Drug Interactions**

Proper name	Source of Evidence	Effect	Clinical comment
Live viral vaccines	T	Other antibodies in the preparation may interfere with the response to live viral vaccines such as measles, mumps, polio and rubella.	Immunization with live vaccines should not be given within 3 months after HyperRHO® S/D Full Dose administration.

Legend: T = Theoretical

### 9.5 Drug-Food Interactions

No interactions are known

## 9.6 Drug-Herb Interactions

No interactions are known

## 9.7 Drug-Laboratory Test Interactions

Babies born of women given Rho(D) Immunoglobulin (Human) antepartum may have a weakly positive direct antiglobulin test at birth.

Passively acquired anti-Rho(D) may be detected in maternal serum if antibody screening tests are performed subsequent to antepartum or postpartum administration of Rho(D) Immunoglobulin (Human).

## 10 CLINICAL PHARMACOLOGY

### 10.1 Mechanism of Action

HyperRHO<sup>®</sup> S/D Full Dose is used to prevent isoimmunization in the Rho(D) negative individual exposed to Rho(D) positive blood as a result of a fetomaternal hemorrhage occurring during a delivery of an Rho(D) positive infant, abortion (either spontaneous or induced), or following amniocentesis or abdominal trauma. Similarly, immunization resulting in the production of anti-Rho(D) following transfusion of Rh positive red cells to an Rho(D) negative recipient may be prevented by administering Rho(D) Immunoglobulin (Human).

Rh hemolytic disease of the newborn is the result of the active immunization of an Rho(D) negative mother by Rho(D) positive red cells entering the maternal circulation during a previous delivery, abortion, amniocentesis, abdominal trauma, or as a result of red cell transfusion. HyperRHO<sup>®</sup> S/D Full Dose acts by suppressing the immune response of Rho(D) negative individuals to Rho(D) positive red blood cells. The mechanism of action of HyperRHO<sup>®</sup> S/D Full Dose is not fully understood.

### 10.2 Pharmacodynamics

The administration of Rho(D) Immunoglobulin (Human) within 72 hours of a full-term delivery of an Rho(D) positive infant by an Rho(D) negative mother reduces the incidence of Rh isoimmunization from 12%-13% to 1%-2%.

The 1%-2% treatment failures are probably due to isoimmunization occurring during the latter part of pregnancy or following delivery. Bowman and Pollock have reported that the incidence of isoimmunization can be further reduced from approximately 1.6% to less than 0.1% by administering Rho(D) Immunoglobulin (Human) in two doses, one antenatal at 28 weeks' gestation and another following delivery.

### 10.3 Pharmacokinetics

In a clinical study in healthy human adults receiving another hyperimmune immunoglobulin product treated with solvent/detergent, Rabies Immunoglobulin (Human), prepared by the same manufacturing process, detectable passive antibody titers were observed in the serum of all subjects by 24 hours post injection and persisted through the 21 day study period. These results suggest that passive immunization with immunoglobulin products is not affected by the solvent/detergent treatment.

Peak blood levels of IgG are obtained approximately 2 days after intramuscular injection. The half-life of IgG in the circulation of individuals with normal IgG levels is approximately 23 days.

## 11 STORAGE, STABILITY AND DISPOSAL

Store at 2-8°C. Do not freeze. Solution that has been frozen should not be used. Do not use beyond expiration date.

## 12 SPECIAL HANDLING INSTRUCTIONS

Not Applicable

## PART II: SCIENTIFIC INFORMATION

### 13 PHARMACEUTICAL INFORMATION

#### Drug Substance

Proper name: HyperRHO® S/D Full Dose

Common name: Rho(D) Immunoglobulin (Human)

#### Product Characteristics:

HyperRHO® S/D Full Dose treated with solvent/detergent is a sterile solution of immunoglobulin containing antibodies to Rho(D) for intramuscular administration; it contains no preservative. The product potency is expressed in international units by comparison to the World Health Organization (WHO) standard. The stated potency is 1500 International Unit (IU) per Full Dose syringe. In the past, a full dose of Rho(D) Immunoglobulin [Human] has traditionally been referred to as “300 µg” dose. Potency and dosing recommendations are now expressed in IU by comparison to the WHO anti-D standard. The conversion of “µg” to “IU” is 1 µg = 5 IU (i.e. 300 µg = 1500 IU).

#### Viral Inactivation

The removal and inactivation of spiked model enveloped and non-enveloped viruses during the manufacturing process for HyperRHO® S/D Full Dose has been validated in laboratory studies. Human Immunodeficiency Virus, Type 1 (HIV-1), was chosen as the relevant virus for blood products; Bovine Viral Diarrhea Virus (BVDV) was chosen to model Hepatitis C virus; Pseudorabies virus (PRV) was chosen to model Hepatitis B virus and the Herpes viruses;

and Reo virus type 3 (Reo) was chosen to model non-enveloped viruses and for its resistance to physical and chemical inactivation. Significant removal of model enveloped and non-enveloped viruses is seen in the Fraction II + IIIW to Effluent III step and significant removal of PRV and Reovirus is seen in the Effluent III to Filtrate III step. Significant inactivation of enveloped viruses is achieved at the time of treatment of the solubilized Cohn Fraction II with solvent/detergent.

## 14 CLINICAL TRIALS

Though formal safety and efficacy trials have not been conducted with HyperRHO® S/D Full Dose, the clinical effectiveness of Rho(D) Immunoglobulin (Human) is well established.

## 15 MICROBIOLOGY

No microbiological information is required for this drug product.

## 16 NON-CLINICAL TOXICOLOGY

**Acute Toxicology:** Acute and subacute toxicity of solvent/detergent-treated human immunoglobulin was assessed in rats and rabbits. The intramuscular LD<sub>50</sub> of the solvent-detergent treated product for rats and rabbits was >2.4 mL (396 mg/kg). These values indicate a large margin of safety when compared to the clinical dose of 0.133 mL (21.9 mg)/kg.

**Repeated Dose Toxicology:** Repeated administration of solvent/detergent-treated human immunoglobulin to rats and rabbits at dosages approximately nine-fold greater than those administered in the clinic did not produce any clinically relevant toxicity.

**Reproductive Toxicology:** Animal reproduction studies have not been conducted with HyperRHO<sup>®</sup> S/D Full Dose.

## PATIENT MEDICATION INFORMATION

### READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE

#### HyperRHO® S/D Full Dose

#### Rho(D) Immunoglobulin (Human)

Read this carefully before you start taking **HyperRHO® S/D Full Dose** and each time you get a refill. This leaflet is a summary and will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about **HyperRHO® S/D Full Dose**.

#### Serious Warnings and Precautions

- **HyperRHO® S/D Full Dose** must be injected into muscles only. It should not be injected directly into blood vessels.
- **HyperRHO® S/D Full Dose** like other products made from human plasma, part of our blood, may contain viruses or other agents that can cause infection and illness. However, the processes used to make **HyperRHO® S/D Full Dose** are specifically designed with the ability to destroy or remove these agents if they are present. You should discuss the risks and benefits of this product with your healthcare provider.
- **HyperRHO® S/D Full Dose** should not be given to infants within the first four weeks of life.

#### What is HyperRHO® S/D Full Dose used for?

The Rh factor is one of many blood group antigens found on the surface of red blood cells. If you have this antigen you are considered Rh positive. If you don't, then you are considered Rh negative. Everyone is either Rh positive or Rh negative. One type is neither better nor worse than the other, only different. Your Rh factor is important if you are an Rh negative woman and you become pregnant, or if you receive a blood transfusion.

If you have Rh negative blood, there are two situations that can affect you:

1. If the father of your baby is Rh positive, the baby will probably be Rh positive too (see Diagram 1: A, B). An Rh negative woman carrying an Rh positive baby may have an immune reaction if some of the baby's Rh positive blood cells enter her bloodstream.

This immune reaction, called isoimmunization, means your body's defence system recognizes Rh positive blood as foreign from your own and produces "antibodies" to destroy the invading Rh positive blood cells.

The passage of blood from the baby to the mother's bloodstream happens most often at delivery, but can also occur during miscarriage, the termination of pregnancy, amniocentesis (test performed to determine fetal health), or due to an injury or trauma. It is important to note that a small number of women develop antibodies to Rh positive blood cells during pregnancy for no apparent reason (see Diagram 1: C).

Antibodies to Rh positive blood may not be a problem in first pregnancies; however, the antibodies stay in your bloodstream, ready to attack invading Rh positive blood cells, for many years to come (see Diagram 1: D).

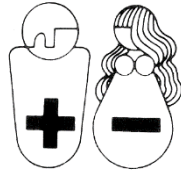
The mother's Rh positive antibodies could cause problems in future pregnancies if they enter the baby's bloodstream and attack the baby's red blood cells. This may lead to miscarriage or a disease known as hemolytic disease of the newborn (see Diagram 1: E). At birth, the infant suffering from hemolytic disease may be jaundiced and anemic or suffer permanent damage of the brain and central nervous system which may result in mental retardation, hearing loss, or cerebral palsy. Extensive medical care can be required, including an exchange transfusion, in which all of the baby's blood is replaced. This usually stops the destruction of the baby's red blood cells and gives the infant a chance to survive.

The risk of hemolytic disease of the newborn is slight with the first baby, but increases with each successive pregnancy.

Babies born to Rh positive mothers, regardless of the father's blood type, will usually be free of the dangers of hemolytic disease.

### Diagram 1 – Development of Hemolytic Disease

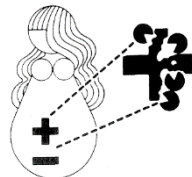
**A** Rh positive (+) father.  
Rh negative (-) mother.



**B** Pregnancy: Rh- mother is carrying Rh+ baby



**C** Rh+ blood from the baby passes into the mother's bloodstream



**D** Rh+ antibodies stay in mother's bloodstream, ready to attack.



**E** Next pregnancy, mother's Rh+ antibodies enter baby's Rh+ bloodstream, attacking baby's blood cells and causing haemolytic disease of the newborn.



2. Someday it may become necessary for you to receive a blood transfusion. If Rh positive antibodies already reside in your bloodstream due to isoimmunization and the blood you receive is Rh positive due to error or lifesaving reasons, your Rh positive antibodies will become mobilized and destroy the donor Rh positive cells. As a result, the transfusion could be unsuccessful and possibly harmful to you.

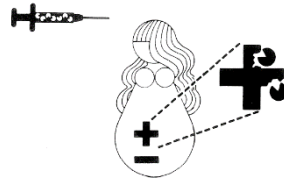
## How does HyperRHO® S/D Full Dose work?

**HyperRHO® S/D Full Dose** can prevent hemolytic disease of the newborn, provided Rh positive antibodies do not already reside in your bloodstream.

**HyperRHO® S/D Full Dose** is a specially prepared immunoglobulin with a high level of preformed antibodies against Rh positive blood cells. The injection of **HyperRHO® S/D Full Dose** destroys any Rh positive blood cells that may have entered the mother's bloodstream and prevents the mother's immune system from producing Rh positive antibodies; thus protecting the baby from developing hemolytic disease (see Diagram 2).

### Diagram 2 – How HyperRHO® S/D Can Prevent Hemolytic Disease

- A** You will probably be given two injections of HyperRHO® S/D Full Dose, one at the 28<sup>th</sup> week of your pregnancy and another within 72 hours of delivery, miscarriage, or other termination of pregnancy.



- B** HyperRHO® S/D immunization prevents formation of mother's own Rh+ antibodies. Mother's bloodstream remains free of Rh+ antibodies.



- C** Next pregnancy, baby develops normally. HyperRHO® S/D should be administered following delivery, miscarriage, or other termination of pregnancy or continue protection if baby is Rh+.



**HyperRHO® S/D Full Dose** provides protection only if you have not already produced Rh positive antibodies. Women who have developed antibodies through previous pregnancy, miscarriage, other termination of pregnancy, or blood transfusion cannot be protected by **HyperRHO® S/D Full Dose**. This is why with each pregnancy it is important to have **HyperRHO® S/D Full Dose** injections within the prescribed time period.

**HyperRHO® S/D Full Dose** may be used to prevent isoimmunization in Rh negative individuals who have been transfused with Rh positive red blood cells or blood components containing red blood cells.

## What are the ingredients in HyperRHO® S/D Full Dose?

Medicinal ingredients: human Rho(D) Immunoglobulin

Non-medicinal ingredients: glycine

**HyperRHO® S/D Full Dose** comes in the following dosage forms:



single use pre-filled syringes (1500 IU)

**Do not use HyperRHO® S/D Full Dose if:**

- You should not use **HyperRHO® S/D Full Dose** if you are allergic to this drug or to any ingredient in the formulation or component of the container.

**To help avoid side effects and ensure proper use, talk to your healthcare professional before you take HyperRHO® S/D Full Dose. Talk about any health conditions or problems you may have, including if you:**

- are pregnant or breastfeeding (for patients given **HyperRHO® S/D Full Dose** following transfusion with Rh positive blood)
- have had an allergic reaction to any other immunoglobulin preparation or any of the other ingredients in the medicine

**Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.**

**The following may interact with HyperRHO® S/D Full Dose:**

- Certain vaccines. Talk with your healthcare professional if you will receive any type of vaccine within 3 months of **HyperRHO® S/D Full Dose** treatment

**How to take HyperRHO® S/D Full Dose:**

- **HyperRHO® S/D Full Dose** will be given to you by a healthcare professional in a healthcare setting.

**Usual dose:**

Your doctor will determine the amount of **HyperRHO® S/D Full Dose** that is right for you and when your shots should be given. An intramuscular or IM injection is a shot given into a muscle. A doctor, nurse or other caregiver trained to give injections will give you your treatment.

**Overdose:**

Although there is no information on the effects of **HyperRHO® S/D Full Dose** overdose, experience with similar medicines suggests that the only effect would be pain and tenderness at the needle injection site.

**Missed Dose:**

It is important that you receive **HyperRHO® S/D Full Dose** as instructed by your healthcare professional. You should consult him/her if a treatment appointment is missed.

**What are possible side effects from using HyperRHO® S/D Full Dose?**

These are not all the possible side effects you may have when taking **HyperRHO® S/D Full Dose**. If you experience any side effects not listed here, tell your healthcare professional.

Side effects following **HyperRHO® S/D Full Dose** treatment are infrequent in individuals who are Rh negative. The side effects that may occur consist primarily of slight soreness where the injection is given and slight temperature elevation. Talk with your doctor if the pain is severe.

Allergic reactions, although rare, have been reported following repeated injections of human immunoglobulin preparations. Talk with your doctor immediately if you experience any of these side effects:

- wheezing or trouble breathing
- chest tightness
- severe abdominal cramps
- severe vomiting
- severe diarrhea
- rash or hives (swelling, redness, intense itching, and burning)
- swelling of the lips, other parts of the mouth and throat, eyelids, genitals, hands or feet

If you have a troublesome symptom or side effect that is not listed here or becomes bad enough to interfere with your daily activities, tell your healthcare professional.

### Reporting Side Effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.*

### Storage:

**HyperRHO® S/D Full Dose** should be stored at 2-8°C. It should not be frozen or used past the expiration date.

Keep out of reach and sight of children.

### If you want more information about HyperRHO® S/D Full Dose:

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals and includes this Patient Medication Information by visiting the Health Canada website: (<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html>); or by calling the manufacturer at 1-866-482-5226.

This leaflet was prepared by Grifols Therapeutics LLC.

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