Rhophylac® 300

Prescribing Information

1. NAME OF THE MEDICINAL PRODUCT

Rhophylac 300

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 2 ml solution in pre-filled syringe contains 300 micrograms (1,500 IU) human anti-D immunoglobulin*.
One ml contains 150 micrograms (750 IU) human anti-D immunoglobulin .

The product contains a maximum of 30 mg/ml of human plasma proteins of which 10 mg/ml is human albumin as stabiliser. At least 95% of the other plasma proteins are IgG.

The content of immunoglobin A (IgA) is not more than 5 micrograms/ml.
*Produced from the plasma of human donors.

Excipient with known effect:
This medicine contains less than 1 mmol sodium (23 mg) per syringe, that is to say essentially "sodium-free".
Rhophylac contains no preservatives.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection.
The solution is clear or slightly opalescent and colourless or pale yellow.
Rhophylac has an osmolality of at least 240 mosmol/kg.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Prophylaxis of Rh (D) immunisation in Rh (D)-negative women:
Anti-D immune globulin is administered for the prevention of Rh (D) immunization if it has been demonstrated, or if it is suspected, that fetal erythrocytes have entered the circulation of the mother. Treatment is not necessary when it is assured that the child or the father are Rh (D)-negative. Criteria for a rhesus-incompatible pregnancy and the administration of anti-D immune globulin are: a) the mother is Rh (D)-negative; b) the child is either Rh (D)-positive, Rh (D) weak - positive or its rhesus type is not known.
Routine antepartum prophylaxis: To prevent Rh (D) immunisation due to spontaneous fetomaternal haemorrhage (FMH) during the last trimester of pregnancy.
Postpartum prophylaxis: To prevent Rh (D) immunisation of the Rh (D)-negative mother following delivery of a Rh (D)-positive child.

Complications of pregnancy: Interventions during pregnancy, such as invasive prenatal diagnosis (e.g. amniocentesis, chorionic villus sampling, fetal blood sampling) or other intrauterine procedures (e.g. insertion of shunts, embryo reduction), external version of the fetus and therapeutic abortion.
Incidents during pregnancy, such as antepartum haemorrhage, spontaneous abortion, ruptured tubal pregnancy, ectopic pregnancy, stillbirths, intrauterine death and abdominal trauma.
Treatment of Rh (D)-negative persons after incompatible transfusions of Rh (D)- positive blood or erythrocyte concentrate:
Prevention of Rh (D) immunisation in Rh (D)-negative persons who for any reason have been given blood or blood components containing Rh (D)-positive red cells.

4.2 Posology and method of administration

Posology
The following dose schedules are recommended based on the clinical studies performed with Rhophylac, however consideration must be given to professional guidelines for the use of anti-D IgG in the individual country of application.

Prevention of Rh(D) immunisation in Rh(D)-negative women:
• Antepartum prophylaxis: The recommended dose is a single dose of 300 micrograms (1,500 IU) administered by intravenous or intramuscular injection at 28 to 30 weeks of gestation.
• Postpartum prophylaxis: For intravenous administration, 200 micrograms (1,000 IU) is a sufficient dose. If administered intramuscularly, 200 micrograms (1,000 IU) to 300 micrograms (1,500 IU) is recommended. Rhophylac should be administered as soon as possible within 72 hours of delivery. The postpartum dose must be given even when antepartum prophylaxis has been administered. If a large foetomaternal haemorrhage (greater than 4 ml (0.7% to 0.8% of women)) is suspected, e.g., in the event of foetal anaemia or intrauterine foetal death, its extent should be determined by a suitable method, e.g., Kleihauer-Betke test, and additional doses of anti-D should be administered as indicated (20 micrograms/100 IU for each 1 ml of foetal red blood cells).
• Prophylaxis following complications of pregnancy:
– Interventions and incidents occurring up to 12 weeks gestation: 200 micrograms (1,000 IU) should be administered by intravenous or intramuscular injection as soon as possible and not later than 72 hours after the at-risk event.
– Interventions and incidents occurring after 12 weeks of gestation: at least 200 micrograms (1,000 IU) should be administered by intravenous or intramuscular injection as soon as possible and not later than 72 hours after the at-risk event.
– Chorionic villus sampling: 200 micrograms (1,000 IU) should be administered by intravenous or intramuscular injection as soon as possible and not later than 72 hours after the at-risk event.

Incompatible transfusions
The recommended dose is 20 micrograms (100 IU) anti-D immunoglobulin per 2ml of transfused Rh(D)-positive blood or per 1 ml of erythrocyte concentrate. The intravenous route of administration is recommended. If given by intramuscular administration the large doses should be administered over a period of several days.

A maximum dose of 3,000 micrograms is sufficient in the case of larger incompatible transfusions independent of whether the transfusion volume is greater than 300 ml of Rh(D)-positive blood.

Method of administration
Rhophylac can be administered by intravenous or intramuscular injection. In case of haemorrhagic disorders where intramuscular injections are contraindicated, Rhophylac should be administered intravenously. If large doses (> 5 ml) are required and intramuscular injection is chosen, it is advisable to administer them in divided doses at different sites.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients of Rhophylac listed in section 6.1.
Hypersensitivity to human immunoglobulins.
The intramuscular route is contraindicated in persons with severe thrombocytopenia or other disorders of haemostasis.

4.4 Special warnings and precautions for use

In the case of postpartum use, anti-D immunoglobulin is intended for maternal administration. It should not be given to the new-born infant.

The product is neither intended for use in Rh (D)-positive individuals, nor for individuals already immunised to Rh(D) antigen.

Hypersensitivity
Allergic reactions to anti-D immunoglobulin may occur even in patients who have tolerated previous administrations. Patients should be informed of the early signs of hypersensitivity reactions including hives, generalised urticaria, tightness of the chest, wheezing, hypotension and anaphylaxis. The treatment required depends on the nature and severity of the side effect.
In case of shock, the current medical standards for treatment of shock should be observed.
If symptoms of allergic or anaphylactic type reactions occur, immediate discontinuation of the administration is required.

The concentration of IgA in Rhophylac was found to be below the detection limit of 5 micrograms/ml. Nevertheless, the product may contain trace amounts of IgA.
Although anti-D immunoglobulin has been used successfully to treat selected IgA deficient patients, individuals who are deficient in IgA have the potential for developing IgA antibodies and may have anaphylactic reactions after administration of blood components containing IgA. The physician must therefore weigh the benefit of treatment with Rhophylac against the potential risks of hypersensitivity reactions.

Haemolytic reactions
Patients in receipt of incompatible transfusion, who receive very large doses of anti-D immunoglobulin, should be monitored clinically and by biological parameters, because of the risk of haemolytic reaction.

Obesity

There have been reports that the intramuscular administration of Rhophylac in patients with a body mass index (BMI) ≥ 30 is associated with an increased risk of lack of efficacy. Therefore, in patients with a BMI ≥30, intravenous administration should be considered.

Excipients
Rhophylac contains less than 1 mmol sodium (23 mg) per syringe, that is to say essentially "sodium-free".

Information on safety with respect to transmissible agents
Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective manufacturing steps for the inactivation/ removal of viruses.
Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens.

The measures taken are considered effective for enveloped viruses such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV). They may be of limited value against non-enveloped viruses such as hepatitis A (HAV) and parvovirus B19.

There is reassuring clinical experience regarding the lack of hepatitis A or parvovirus B19 transmission with immunoglobulins and it is also assumed that the antibody content makes an important contribution to the viral safety.

It is strongly recommended that every time that Rhophylac is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the product.

4.5 Interaction with other medicinal products and other forms of interaction

Live attenuated virus vaccines
Active immunisation with live virus vaccines (e.g. measles, mumps, rubella or varicella) should be postponed until 3 months after the last administration of anti-D immunoglobulin, as the efficacy of the live virus vaccine may be impaired.
If anti-D immunoglobulin needs to be administered within 2 to 4 weeks of a live virus vaccination, then the efficacy of such a vaccination may be impaired.

Interference with serological testing
After injection of immunoglobulin, the transitory rise of the various passively transferred antibodies in the patient's blood may result in misleading positive results in serological testing.
Passive transmission of antibodies to erythrocyte antigens, e.g. blood group A or B, Rh (C), Rh (D) may interfere with some serological tests for RBC antibodies, for example the antiglobulin test (Coombs test) particularly in Rh(D) positive neonates whose mothers have received antepartum prophylaxis.

4.6 Fertility, pregnancy and lactation

Fertility

No animal fertility studies have been conducted with Rhophylac. Nevertheless, clinical experience with human anti-D immunoglobulin suggests that no harmful effects on fertility are to be expected.

Pregnancy

This medicinal product is intended for use in pregnancy.

No study drug-related adverse events were reported in children delivered of 432 woman who received antepartum administration of Rhophylac 300 micrograms.

Breastfeeding

This medicinal product can be used during breastfeeding.

Immunoglobulins are excreted in human milk. No study drug-related adverse events were reported in children delivered of 256 women who received postpartum administration of Rhophylac 300 micrograms, nor in children delivered of 139 women who received postpartum administration of Rhophylac 200 micrograms.

4.7 Effects on ability to drive and use machines

Rhophylac has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most serious adverse reactions observed during the treatment are hypersensitivity or allergic reactions which may in rare cases progress to a sudden fall in blood pressure and anaphylactic shock even when the patient has shown no hypersensitivity to previous administration. When anti-D immunoglobulins are administered by the intramuscular route, local pain and tenderness may be observed at the injection site.

Tabulated list of adverse reactions

The following adverse reactions have been reported from 592 patients in clinical studies and from post-marketing experience. The summary table presented below is according to the MedDRA system organ classification (SOC and Preferred Term Level).

Frequency has been evaluated using the following criteria: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1000 to < 1/100), rare (≥ 1/10,000 to < 1/1000), very rare (< 1/10,000).

System Organ Class (SOC, MedDRA)	**Adverse Reaction** (MedDRA Preferred Term (PT))	**Frequency of ADR**
Immune system disorders	Hypersensitivity, anaphylactic shock	rare
Nervous system disorders	Headache	uncommon
Cardiac disorders	Tachycardia	rare
Vascular disorders	Hypotension	rare
Respiratory, thoracic and mediastinal disorders	Dyspnoea	rare
Gastrointestinal disorders	Nausea, vomiting	rare
Skin and subcutaneous tissue disorders	Skin reaction, erythema, pruritus	uncommon
Musculoskeletal and connective tissue disorders	Arthralgia	rare

General disorders and administration site conditions	Pyrexia, malaise, chills	uncommon
	At injection site: swelling, pain, erythema, induration, warmth, pruritus, rash	rare

There have been spontaneous reports of severe intravascular haemolysis when anti-D has been administered intravenously to Rh(D) positive patients with primary immune thrombocytopenia (ITP). Haemolysis resulting in death has been reported. The exact frequency of this adverse event is not known.
For safety with respect to transmissible agents, see section 4.4.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/ risk balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form
https://sideeffects.health.gov.il/
and emailed to the Registration Holder's Patient Safety Unit at: PV-IL@cslbehring.com

4.9 Overdose
No data are available on overdosage. Consequences of an overdose are not known.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: immune sera and immunoglobulins: Anti-D (Rh) immunoglobulin. ATC Code: J06BB01.

Mechanism of action
Rhophylac contains specific antibodies (IgG) against the Rh (D) antigen of human erythrocytes.
It can also contain antibodies to other Rh antigens, e.g. anti-Rh C antibodies.
During pregnancy, and especially at the time of childbirth, foetal RBCs may enter the maternal circulation. When the woman is Rh (D) negative and the foetus Rh (D) positive, the women may become immunised to the Rh(D) antigen and produce anti-Rh(D) antibodies which cross the placenta and may cause haemolytic disease of the new-born.
Passive immunisation with anti-D immunoglobulin prevents Rh (D) immunisation in more than 99% of cases provided that a sufficient dose of anti-D immunoglobulin is administered soon enough after exposure to Rh (D) positive foetal RBCs.

The mechanism by which anti-D immunoglobulin suppresses immunisation to Rh (D) positive RBCs is not known. Suppression may be related to the clearance of the RBCs from the circulation before they reach immunocompetent sites or, it may be due to more complex mechanisms involving recognition of foreign antigen and antigen presentation by the appropriate cells at the appropriate sites in the presence or absence of antibody.

Pharmacodynamic effects
Prevention of Rh(D) isoimmunisation

In Rh (D) negative healthy male volunteers, both the intravenous and intramuscular administration of 200 micrograms (1,000 IU) of Rhophylac at 48 hours after injection of 5 ml of Rh (D) positive RBCs resulted in an almost complete clearance of Rh (D) positive RBCs within 24 hours.
While the intravenous administration of Rhophylac caused an instant onset of Rh(D) positive RBC disappearance, the onset of elimination of Rh(D) positive RBCs following intramuscular administration was delayed as anti-D IgG had to be first absorbed from the injection site.
On an average, 70% of injected Rh(D) positive RBCs were cleared 2 hours after intravenous administration of Rhophylac.
After intramuscular administration, a similar degree of Rh(D) positive RBC clearance was measured after 12 hours.
Furthermore, the efficacy, safety and pharmacokinetics of Rhophylac are supported by the results of three clinical studies in pregnant women.
In one clinical study, Rhophylac 200 micrograms (1,000 IU) was administered postpartum in 139 per protocol subjects.
In the other two clinical studies, Rhophylac 300 micrograms (1,500 IU) was administered antepartum in 408 per protocol subjects and in addition postpartum in 256 subjects who gave birth to a Rh(D) positive baby.
None of the pregnant women included in these studies developed antibodies against the Rh (D) antigen.
In the clinical studies with Rhophylac 300, 207 per protocol subjects were given the antepartum dose of Rhophylac 300 intravenously and 201 per protocol subjects were given it intramuscularly. In more than 99 % of cases, the method of post- and antepartum administration was the same.
Clinical studies with Rhophylac at doses below 200 micrograms (1,000 IU) have not been conducted.

Paediatric population

The safety and efficacy of Rhophylac have not been established in clinical studies in paediatric subjects after incompatible transfusion of Rh(D) positive blood or other products containing Rh(D) positive RBCs.

5.2 Pharmacokinetic properties

Absorption and Distribution

The bioavailability of human anti-D immunoglobulin for intravenous use is complete and immediate. IgG is quickly distributed between plasma and extravascular fluid.
Human anti-D immunoglobulin for intramuscular administration is slowly absorbed into the recipient's circulation and reaches a maximum after a delay of 2 to 3 days.

Elimination

Human anti-D immunoglobulin has a half-life of about 3 to 4 weeks. This half-life may vary individually from patient to patient.
IgG and IgG-complexes are broken down in cells of the reticuloendothelial system.

5.3 Preclinical safety data

Due to induction of and interference with antibodies, there are limited preclinical data of relevance for anti-D immunoglobulin.
Repeated dose testing and embryo-foetal toxicity studies have not been conducted and are impracticable to conduct.
The potential for mutagenic effects of immunoglobulins have not been studied.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycine
Human albumin
Sodium chloride
Water for injection

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

The expiry date of the product is indicated on the packaging materials.

6.4 Special precautions for storage

Store in a refrigerator (+2°C to +8°C). Do not freeze.
The product must not be used after the expiry date (EXP) printed on the outer carton.
Keep the syringe originally blistered in the outer carton in order to protect from light.

6.5 Nature and contents of container

2 ml solution in a pre-filled syringe (type I glass) with 1 injection needle in a pack size.

6.6 Special precautions for disposal and other handling

Rhophylac should be brought to room temperature (25^0C) before use.
Rhophylac should be inspected visually for particulate matter and discolouration prior to administration.
Do not use solutions which are cloudy or have deposits.
Rhophylac is for single use only (one syringe – one patient).
Any unused product or waste material should be disposed of in accordance with local requirements.

7. MANUFACTURED BY

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8. REGISTRATION HOLDER

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9. REGISTRATION NUMBER

127 75 30675

Revised in September 2023 according to MoH guidelines. CSL Behring