SCHEDULING STATUS S4

PROPRIETARY NAME (AND DOSAGE FORM)

Intragam 2 ml (solution for intramuscular injection)

Intragam 5 ml (solution for intramuscular injection)

COMPOSITION

Descriptive name: Human normal immunoglobulin for intramuscular injection.

Intragam 2 ml/5 ml contains gamma globulin derived from pooled human plasma sourced from not less than 1000 non-remunerated, healthy donors. **Intragam 2 ml/5 ml** contains antibodies to a wide variety of pathogens to which the donors have been exposed.

Each unit of plasma has been individually tested and found non-reactive for hepatitis B surface antigen (HBsAg), antibodies to the hepatitis C virus (HCV) and antibodies to the human immunodeficiency viruses, HIV-1 and HIV-2, using approved methods.

Intragam 2 ml/5 ml is prepared by the cold ethanol fractionation method to further reduce the risk of viral transmission. In addition, only plasma pools tested and found non-reactive for anti-HIV-1 & -2, HBsAg and anti-HCV by serological testing; and for HIV, HCV, hepatitis B virus (HBV) and hepatitis A virus (HAV) by Nucleic Acid Amplification Techniques (NAT), are used in the manufacture of **Intragam 2 ml/5 ml**.

Each millilitre of **Intragam 2 ml/5 ml** contains 160 mg of human protein of which at least 90 % is immunoglobulin G (IgG).

Intragam 2 ml/5 ml has a hepatitis A antibody titre of at least 100 IU/ml.

This preparation contains no antimicrobial preservatives.

Inactive ingredient: glycine which is a stabiliser.

PHARMACOLOGICAL CLASSIFICATION

A 30.2 Biologicals (Antibodies)

PHARMACOLOGICAL ACTION

Intragam 2 ml/5 ml confers passive immunity to the patient by supplementing the immunoglobulin levels. Opsonisation and neutralisation of microbes and toxins have been documented.

The half-life in the circulation of individuals with normal immunoglobulin G (IgG) levels is 3 to 4 weeks.

INDICATIONS

Prophylaxis

- Hepatitis A (infectious hepatitis): **Intragam 2 ml/5 ml** is effective as both pre- and post-exposure prophylaxis and provides protection for at least 3 months.

  The major indications are:

  (a) Pre-exposure prophylaxis for travellers to endemic areas.

  (b) Post-exposure prophylaxis with **Intragam 2 ml/5 ml** should be given to persons exposed less than 1 week previously.

If specific immune prophylaxis is required, the hyper immune preparation should be used in preference to **Intragam 2 ml/5 ml**.

Substitution and Replacement Therapy

- **Intragam 2 ml/5 ml** is indicated for the treatment of primary antibody deficiency syndromes and secondary antibody deficiency states.

CONTRAINDICATIONS

Hypersensitivity to any of the ingredients, including excipients.

WARNINGS AND SPECIAL PRECAUTIONS

This intramuscular preparation must not be given intravenously because of the risk of shock.

Intramuscular injections are not advocated for patients with bleeding disorders.

Special Precautions

Intramuscular injections are not advocated for persons with bleeding disorders unless special precautions are taken.

True hypersensitivity reactions are rare.

Anaphylactic reactions may occur, especially if this intramuscular preparation is given intravenously. Measures to treat anaphylaxis, including adrenaline, should be immediately available when administering **Intragam 2 ml/5 ml**.

Persons with selective immunoglobulin A (IgA) deficiency may develop antibodies to the small amount of IgA in this preparation, leading to sensitisation and subsequent reaction to IgA-containing material. The risk-benefit ratio in patients with a history of IgA deficiency or severe anaphylactic reactions to plasma products should be considered.

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**.** Consideration should be given to appropriate vaccination of patients receiving human blood or plasma-derived medicinal products on a routine basis.

The measures taken are considered effective for enveloped viruses such as HIV, HBV and HCV. The measures taken may be of limited value against non-enveloped viruses such as 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 viral safety.

It is strongly recommended that every time that **Intragam 2 ml/5 ml** 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.

Effects on ability to drive and use machines

No effects on ability to drive and use machines have been observed.

INTERACTIONS

Live attenuated virus vaccines

Immunoglobulin administration may impair, for a period of at least 6 weeks and up to 3 months, the efficacy of live attenuated virus vaccines such as measles, mumps, rubella and varicella. After administration of this product, an interval of at least 3 months should elapse before vaccination with live attenuated virus vaccines. In the case of measles, this impairment may persist for up to 1 year. Therefore patients receiving measles vaccine should have their antibody status checked.

PREGNANCY AND LACTATION

The safety of intramuscular immunoglobulins in pregnancy and lactation has not been established in controlled clinical trials. Clinical experience with immunoglobulins suggests that no harmful effects on the course of pregnancy, or on the foetus and the neonate are to be expected.

DOSAGE AND DIRECTIONS FOR USE

Indication	**Dose**
Hepatitis A prophylaxis Pre-exposure prophylaxis: Travelers to endemic areas Visit duration < 3 months Visit duration > 3 months (continued exposure)	 0,02 ml/kg 0,06 ml/kg every 4 - 6 months
Post-exposure prophylaxis: Within one week of household contact	 0,02 - 0,04 ml/kg
Replacement therapy Congenital immunoglobulin deficiencies	 0,2 - 0,5 ml/kg, repeat every 4 - 8 weeks
Transient hypogammaglobulinaemia	0,2 - 0,5 ml/kg, repeat when necessary

Method of administration

Warm the ampoule to body temperature before injecting intramuscularly.

If a large volume (> 2 ml for children or > 5 ml for adults) is required, it is recommended to administer this in divided doses at different sites.

This medicinal product must not be mixed with other medicinal products.

Any unused product or waste material should be disposed of in accordance with local procedures.

SIDE EFFECTS

The following undesirable effects have been reported with intramuscular immunoglobulins:

Skin & Appendages disorders: Cutaneous reactions, local reactions

Central & Peripheral Nervous System disorders: Headache, lightheadedness

Gastrointestinal disorders: Nausea

Vascular (Extracardiac) disorders: Flushing

Body as a Whole – General disorders: Chills, backache, fever

Application site disorders: Pain and tenderness at injection site

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

Consequences of an overdose are not known.

IDENTIFICATION

A colourless, pale yellow to light brown liquid exhibiting slight opalescence.

PRESENTATION

Intragam 2 ml: single dose, clear, colourless, 2 ml glass ampoule.

Intragam 5 ml: single dose, clear, colourless, 5 ml glass ampoule.

STORAGE INSTRUCTIONS

Transport within 72 hours below 37 °C.

Store between 2 °C and 8 °C.

Do not freeze.

Protect from light.

Keep out of reach of children.

REGISTRATION NUMBER

Intragam 2 ml: T/30.2/740

Intragam 5 ml: T/30.2/741

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

NATIONAL BIOPRODUCTS INSTITUTE

Company Reg. No. 1994/002044/08

NPO Reg. No. 020-898-NPO

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