Proposed Professional Information

SCHEDULING STATUS

S4

1 NAME OF THE MEDICINE

Vazigam® IM, 200 IU (100 IU/ml), solution for injection

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Human varicella-zoster immunoglobulin

Each 2 ml ampoule contains 200 IU (100 IU/ml) of human varicella-zoster virus antibodies.

Vazigam IM contains immunoglobulin derived from pooled human plasma, sourced from healthy donors, with a high titre to the varicella-zoster virus.

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.

Vazigam IM is prepared by cold ethanol fractionation, 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 **Vazigam IM**.

This preparation does not contain any antimicrobial preservatives.

Vazigam IM is sugar free.

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Solution for injection.

The solution is a colourless, pale yellow to light brown liquid exhibiting a slight opalescence. During storage, it may show formation of slight turbidity or a small amount of particulate matter.

Vazigam IM has a pH of between 5,0 - 7,2.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Vazigam IM is indicated for the prophylaxis of varicella (chickenpox) in high risk patients who have been **EXPOSED** to the varicella-zoster virus.

High risk patients for whom passive immunisation should be considered are:

- Pregnant women with negative varicella–zoster virus immune status especially up to early in the third trimester
- Neonates whose mothers developed varicella infection within 7 days before or 7 days after delivery
- Neonates whose mothers have no history of varicella and/or a negative immune status
- Premature infants < 28 weeks of gestation or newborns with low birth weight
- Adults and children with no history of varicella and/or a negative immune status, receiving immunosuppressive therapy including steroids, cytostatic agents, radiotherapy, recent stem cell transplantation, or who have congenital or acquired immunodeficiency disorders and are not receiving replacement therapy with immunoglobulin.

4.2 Posology and method of administration

Posology

The recommended dose, given intramuscularly is:

>15 IU/kg body weight as soon as possible, but not more than 96 hours after exposure.

Alternative recommended doses for treatment are as follows:

* 2 ml for patients up to 5 years;
* 4 ml for patients aged 6 to 10 years;
* 5 ml for patients aged 11 to 14 years;
* 6 ml for patients 15 years and older.

Method of administration

Intramuscular route.

The usual recommended site for adults is the deltoid; for infants, the lateral aspect of the thigh is preferable.

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

For instructions on handling and disposal of this injection, see section 6.6.

4.3 Contraindications

- Hypersensitivity to the active substance (human varicella-zoster immunoglobulin) or to any of the excipients lusted in section 6.1.
- Hypersensitivity to human immunoglobulins.
- **Vazigam IM** is not indicated for adults and children who are immune to varicella-zoster virus.
- Although **Vazigam IM** may prevent infection in healthy children, it is not indicated, as the ensuing natural infection is usually mild.
- **Vazigam IM** is not indicated for the treatment of clinical varicella (chickenpox) or herpes zoster (shingles), or for the prevention of disseminated zoster.

4.4 Special warnings and precautions for use

Ensure that Vazigam IM is not administered into a blood vessel because of the risk of shock.

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

Hypersensitivity

True hypersensitivity reactions are rare.

Anaphylactic reactions may occur especially if this intramuscular preparation is given intravenously. Measures to treat anaphylaxis, including adrenaline, must be immediately available when administering **Vazigam IM**.

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.

Transmissible agents

Standard measures to prevent infections resulting from the use of medicines 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 medicines 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 medicines 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.

Traceability

It is strongly recommended that when Vazigam IM 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 medicines and other forms of interactions

Live attenuated virus vaccines

Immunoglobulin administration may interfere with the development of an immune response to live attenuated virus vaccines such as rubella, mumps and varicella for a period of up to 3 months. 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 5 months.

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.

4.6 Fertility, pregnancy and lactation

Pregnancy and breastfeeding

The safety of this medicine 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.

Fertility

No data are available.

4.7 Effects on ability to drive and use machines

Vazigam IM may cause dizziness and other side effects. Patients who experience adverse reactions during treatment should wait for these to resolve before driving or operating machines.

4.8 Undesirable effects

Summary of the safety profile

Adverse reactions such as chills, headache, dizziness, nausea, flushing, pyrexia, back pain and local reactions may occur occasionally.

List of adverse reactions

MedDRA Standard System Organ Class	Undesirable effects	Frequency
Nervous system disorders	Headache	Unknown
	Dizziness	Unknown
Vascular disorders	Flushing	Unknown
Gastrointestinal disorders	Nausea	Unknown
Skin & subcutaneous tissue disorders	Skin reactions	Unknown
Musculoskeletal and connective tissue disorder	Back pain	Unknown
General disorders and administration site conditions	Chills	Unknown
	Pyrexia	Unknown
	Injection site pain Administration site reaction	Unknown

Transmissible agents

For safety information with respect to transmissible agents, see section 4.4.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are requested to report any suspected adverse reactions to SAHPRA via the Med safety APP (Medsafety X SAHPRA) and eReporting platform (https://primaryreporting.who-umc.org/ZA) found on SAHPRA website or to National Bioproducts Institute via the email address Pharmacovigilance@nbisa.org.za.

4.9 Overdose

Consequences of an overdose are not known.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: immune sera and immunoglobulins: Human varicella-zoster immunoglobulin, ATC code: J06BB03

Category and class: A. 30.1 Biologicals (Antibodies).

Varicella-zoster immunoglobulin confers passive immunity against chickenpox caused by the acute invasive phase of the varicella-zoster virus.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycine

Sodium chloride

Sodium hydroxide (for pH-adjustment)

Hydrochloric acid (for pH-adjustment)

Human albumin

Human hepatitis B immunoglobulin

Human normal immunoglobulin

Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this medicine must not be mixed with other medicines.

6.3 Shelf life

3 years.

From a microbiological point of view, the product should be used immediately after opening. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user.

6.4 Special precautions for storage

Transport within 72 hours below 37 °C.

Store in a refrigerator between 2 °C and 8 °C.

Keep the ampoule in the outer carton until required for use.

Do not freeze.

Protect from light.

For in-use storage conditions, see section 6.3.

6.5 Nature and contents of container

Vazigam IM is presented as a single dose and packaged in a 2 ml clear and colourless, type I glass ampoule marked with a brown ring.

6.6 Special precautions for disposal and other handling

Warm the ampoule to body temperature before injecting intramuscularly.

The solution is a clear, slightly opalescent liquid, which is almost colourless or pale-yellow to light brown.

During storage, it may show formation of slight turbidity or a small amount of particulate matter.

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

7 HOLDER OF CERTIFICATE OF REGISTRATION

NATIONAL BIOPRODUCTS INSTITUTE NPC

Company Reg. No. 1994/002044/08

NPO Reg. No. 020-898-NPO

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8 REGISTRATION NUMBERS

T/30.2/749

Namibia	S2
Reg. No.:	04/30.2/1049

9 DATE OF FIRST AUTHORISATION

Registration date: 09 September 1996

10 DATE OF REVISION OF THE TEXT