Immunoglobulin (Intratect) 10% Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Use Online Dosage Calculator and Order Form- only accessible via HSE computer (GUH useful resources- Pharmacy Medicines Information)
- **Please ensure you are using the correct monograph- separate monographs for both 5% and 10% strengths are available**
- See over for **monitoring** requirements
- This is a **blood product**, therefore batch and expiry information should be recorded in the patient's notes. This is facilitated by putting the dispensing label from each vial into the patient's notes.
- Licensed doses vary with the brand of immunoglobulin employed. Discuss with your consultant or pharmacy if further information required.
- **Contraindicated** in individuals with known **class specific antibody to Immunoglobulin A**
- **Thromboembolism:** Use caution with IVIg in **obese patients** and in patients with **pre-existing risk factors for thrombotic events**. In patients at risk for thromboembolic adverse reactions, IVIg products should be administered at the **minimum rate of infusion and dose practicable**
- **Glass bottle precautions** as follows:
- Precautions need to be taken during administration to prevent possible air embolism - particularly in central line administration. Bottles must be vented in one of two ways:
    - Directly by means of a filter needle into the bottle which goes through the rubber stopper and opens into the air
    - or Direct air vent on the air inlet of the administration set, located between the drip chamber and piercing pin, it is covered with a bacterial retentive filter to reduce the chance of contamination

Available preparations

Intratect 5g human normal immunoglobulin per 50ml vial

Intratect 10g human normal immunoglobulin per 100ml vial

Intratect 20g human normal immunoglobulin per 200ml vial

Reconstitution

Already in solution

Infusion fluids

Not required (product ready for infusion)

Methods of intravenous administration

Intermittent intravenous infusion (using an electronically controlled infusion device)

- First 30 minutes: maximum rate of 0.3ml/kg/hour
- If well tolerated, the rate may then be gradually increased to a maximum of 1.9ml/kg/hour for the remainder of the infusion - see rate table at bottom of monograph
- For **Replacement therapy patients only**, (patients with immunodeficiency, who have tolerated the infusion rate of 1.9ml/kg/hour well, the rate may be gradually increased to 6ml/kg/hour and if still tolerated well, it may be further increased gradually to a maximum of 8ml/kg/hour
- If reaction occurs during infusion, see 'Further information' for guidance
- When prescribed as a daily dose over several days, the rate will need to be titrated again on each day. However, if it was well tolerated the previous day, the rate may be increased more quickly on subsequent days. (ref 1)
- If prescribed as a daily dose, and on day one it is first administered late in the day, on subsequent days the starting time for administration may be brought back to earlier in the day if required. Gradual titration of the rate will be needed on each day, as before.

Infusion rates for INTRATECT 10%- sample calculations. See above for exceptions to rate increases

If a patient's weight falls between two values below, use the lower infusion rate- e.g. patient weight 59kg- use rates for 55kg rather than for 60kg

Increase rate as per table below, every 30 minutes as tolerated - until the full dose has been administered

Maintain low rate of infusion throughout if patient has acute renal disease, or thromboembolic disorders

Weight (kg)	First 30 minutes (ml/hour)	Second 30 minutes (ml/hour)	Third 30 minutes (ml/hour)	Usual maximum rate (ml/hour)
Â	0.3ml/kg/hour	0.6ml/kg/hour	1.2ml/kg/hour	1.9ml/kg/hour
50	15	30	60	95
55	16.5	33	66	105
60	18	36	72	114
65	19.5	39	78	124
70	21	42	84	133
75	22.5	45	90	143
80	24	48	96	152
85	25.5	51	102	162
90	27	54	108	171
95	28.5	57	114	181

100 (max weight to use for RATE calculations*)	30	60	120	190

Rates above are for most patients. Replacement therapy: patients may tolerate gradual increases up to 6ml/kg/hour or even up to 8ml/kg/hour (three to four times maximum rates given above)
*** max 100kg used to calculate dose RATE** - based on requirement not to overload heavy patients with high rate of large volume infusions

Dose in adults

Important points (ref 2)

- Use Online Dosage Calculator and Order Form
- Using this adjusted weight dose may contribute to minimisation of side-effects and will also save significant quantities of immunoglobulin.

Replacement therapy in primary immunodeficiency

- 0.4g/kg to 0.8g/kg initially, followed by 0.2g/kg to 0.8g/kg every three to four weeks thereafter, depending on the clinical response and on the IgG trough level.
- Desired trough levels (taken before the next infusion) are at least 6g/L
- Three to six months are required after initiation of therapy for steady-state IgG levels to occur

Replacement therapy in secondary immunodeficiency

- 0.2g to 0.4g/kg every three to four weeks thereafter, depending on the clinical response
- IgG trough levels should be measured and assessed in conjunction with the incidence of infection.
  Dose should be adjusted as necessary to achieve optimal protection against infections, an increase
  may be necessary in patients with persisting infection; a dose decrease can be considered when the
  patient remains infection free.

Primary immune thrombocytopenia

- 0.4g/kg daily for two to five days
- Alternative regimen: 0.8g/kg to 1g/kg on day 1, which may be repeated within three days if relapse occurs

Guillain Barre Syndrome

- Give 0.4g/kg daily for five days
- possible repeat of dosing in case of relapse

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

- **Starting dose:** Give 2g/kg given over two to five days .(example 1g/kg daily for two days, or 0.4g/kg daily for five days)
- **Maintenance dose:**Give 1g/kg given over one to two days, every three weeks

Multifocal Motor Neuropathy (MMN)

- **Starting dose:** Give 2g/kg given over two to five days (example 1g/kg daily for two days, or 0.4g/kg daily for five days)
- **Maintenance dose:** Give 1g/kg every two to four weeks, **or** 2g/kg every four to eight weeks over 2 to 5 days
- Treatment effect should be evaluated after each cycle. If no response after six months, then treatment should be discontinued

Measles prophylaxis [ref 3](see NIAC Immunisation Guidelines, Chapter 12, Measles)

- Give 0.4g per kg stat
- For example 0.4g per kg for patient who weighs 65kg is 26g - give 25g (2x10g vials + 5g vial)
- If there is significant ongoing or re-exposure to measles following the administration of IVIG, the administration should be repeated at three weekly intervals

See SPC for other indications

Monitoring

- Patients must be **closely monitored** and carefully observed for any adverse reactions throughout the infusion period and for at least **20 minutes** after administration
- Monitoring should be **extended to 60 minutes** for immunoglobulin naive patients, those switched from another product, or when there has been a long interval since previous infusion
- **Certain adverse reactions** (e.g. headache, flushing, chills, myalgia, wheezing,tachycardia, lower back pain, nausea, and hypotension) **may be related to the rate of infusion**
- If adverse reactions occur, slow or stop the infusion - see under 'Further information'. Please also consult Medication Protocol: Management of Infusion Related patient reactions in nurse led infusion settings in GUH -available on Q pulse(CLN-NM-0118)
- Ensure the following when administering IVIG
    - adequate hydration prior to the initiation of the infusion of IVIg
    - monitoring of urine output
    - monitoring of serum creatinine levels
    - monitoring for signs and symptoms of thrombosis
    - assessment of blood viscosity in patients at risk for hyperviscosity
    - avoidance of concomitant use of loop diuretics

Further information

- Management of infusion related reactions: depending on the severity of the reactions, the infusion rate may either be **slowed or stopped.**
- Some cases of **acute renal failure** have been reported in patients receiving IVIG
    - This is particularly those containing sucrose as an excipient (Intratect does not contain sucrose)
    - administer at the minimum rate of infusion and dose practicable for patients at risk for acute renal failure
- Adequate hydration prior to infusion of IVIG is essential, urinary output and creatinine must be monitored, and the concomitant use of loop diuretics should be avoided where possible.
- IVIG may interfere with responses to live vaccines - serological testing may be necessary- see SPC for details
- Contains glycine as an excipient
- IgA content is maximum 1800 microgam per ml
- IgG content is at least 96%

Storage

- Store below 25^{0}C, do not freeze

References

SPC June 2023

1: Communication with Dr Vincent Tormey,immunologist by email March 2011

(2) Department of Health 2011 Clinical Guidelines for the use of Intravenous immunoglobulins (2nd edition update)

Therapeutic classification

Intravenous immunoglobulin