Dosing & Administration Guide

HyQvia
[Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]

Say Hy

to **Step-by-Step Dosing and Administration**

HyQvia is indicated for the treatment of CIDP* as maintenance therapy to prevent relapse of neuromuscular disability and impairment in adults.

*CIDP=chronic inflammatory demyelinating polyneuropathy.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

- **Thrombosis may occur with immune globulin (IG) products, including HyQvia. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **For patients at risk of thrombosis, administer HyQvia at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.**
- **Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information.

Step-by-Step Dosing and Administration for HyQvia as Maintenance Therapy for CIDP

HyQvia® [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase] Solution is an up to once-a-month* subcutaneous immune globulin (IG) treatment option.[1†]

This dosing guide is provided for informational purposes only. The dosing regimen for a patient is to be determined by the physician's evaluation and medical expertise.

* Every 2, 3, or 4 weeks.

† Frequency of infusions can be adjusted based on the patient's clinical response, taking into consideration volume, total infusion time, and tolerability.

Available HyQvia Vial Sizes

		Immune Globulin Infusion 10% (Human)		Recombinant Human Hyaluronidase	
	NDC Number	Volume	Protein	Volume	Units
	0944-2510-02	25 mL	2.5	1.25 mL	200
	0944-2511-02	50 mL	5.0	2.5 mL	400
	0944-2512-02	100 mL	10.0	5.0 mL	800
	0944-2513-02	200 mL	20.0	10.0 mL	1600
	0944-2514-02	300 mL	30.0	15.0 mL	2400

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Dosing guidelines for HyQvia for CIDP[1]

Calculation

- The recommended recombinant human hyaluronidase dose is 80 U/g IG, which corresponds to 0.5 mL recombinant human hyaluronidase solution per 10 mL IG 10% solution
- Before initiating therapy with HyQvia, calculate the weekly equivalent IG 10% dose to plan for the ramp-up schedule. Dose and dosing frequency can be adjusted based on the individual clinical response

Ramp-up schedule

- A dose ramp-up schedule is recommended by gradually increasing the subcutaneous infusion volume until the full dose is reached to ensure the patients' tolerability

Ramp-up considerations

- Depending on the treating physician's discretion, in patients who tolerate the first two infusions well, subsequent infusions may be administered by gradually increasing doses and decreasing dose intervals, considering the volume and total infusion time
- Doses less than or equal to 0.4 g/kg may be administered without a ramp-up provided acceptable patient tolerance

IMPORTANT SAFETY INFORMATION (continued)

Contraindications

- History of anaphylactic or severe systemic hypersensitivity reactions to human IG
- IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG
- Known systemic hypersensitivity to hyaluronidase including Recombinant Human Hyaluronidase of HyQvia
- Known systemic hypersensitivity to human albumin (in the hyaluronidase solution)

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Ramp-up for patients transitioning from intravenous immune globulin (IVIG) treatment[1]

- Patients transitioning directly from intravenous administration of immune globulin must be on stable* doses of IVIG
- Before initiating therapy with HyQvia, calculate the weekly equivalent dose by dividing the last IVIG dose by the IVIG dose interval in weeks
- For patients with IVIG dosing less than or equal to 4 weeks, the starting dose and dosing frequency of HyQvia is the same as the patient's previous IVIG treatment. The typical dosing interval range in the clinical trial for HyQvia was 4 weeks. For patients with less frequent IVIG dosing (greater than 4 weeks), the dosing interval can be converted to 3 or 4 weeks while maintaining the same monthly equivalent IG dose
- Administer the calculated one-week dose (1st infusion) **two weeks after the last IVIG infusion** as directed in section 2.1 of the Full Prescribing Information. One week after the first HyQvia dose, administer another weekly equivalent dose (2nd infusion)
- A ramp-up period can take 4-9 weeks, depending on the dosing interval and tolerability

* Variations in the dosing interval of up to ±7 days or monthly equivalent dose amount of up to ±20% between the subject's IgG infusions are considered a stable dose.

Example IVIG to HyQvia Infusion Dose Ramp-up Schedule in Study 1

Week*	Infusion Number	Dose Interval	Example for 100 g every 4 weeks†
1	No infusion	Not Applicable (NA)	NA
2	1st infusion	1-week dose	25 g
3	2nd infusion	1-week dose	25 g
4	3rd infusion	2-week dose	50 g
5	No infusion	NA	NA
6	4th infusion	3-week dose	75 g
7	No infusion	NA	NA
8	No infusion	NA	NA
9	5th infusion	4-week dose	100 g (Full dose reached)

* Clock starts one week after the last IVIG dose is administered. Week 1 is the week that starts one week after the last IVIG dose.
† The typical dosing interval range in the clinical trial for HyQvia was 4 weeks in 88.7% of subjects in ADVANCE-1.

Depending on the treating physician's discretion, in patients who tolerate the first two infusions well, subsequent infusions may be administered by gradually increasing doses and decreasing dose intervals, considering the volume and total infusion time

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

Hypersensitivity: Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with human IG. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

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Transitioning from IVIG: Ramp-up period can take 4-9 weeks depending on dosing interval and tolerability[1]

HyQvia Dosing Schedule	Q4 weeks[1]	Q3 weeks	Q2 weeks
Example Monthly IVIG Dose	1.6 g/kg		
Example Target Full Dose	1.6 g/kg	1.2 g/kg	0.8 g/kg
Week 1	No infusion		
When to start HyQvia: Week 2	◔	◔	◑
Week 3	◔	◔	◑
Week 4	◑	◕	●
Week 5			
Week 6	◕	●	
Week 7			
Week 8			
Week 9	●		
Week 10			
Week 11			
Week 12			
6 months			

Full dose Q4 weeks

Full dose Q3 weeks

Full dose Q2 weeks

The first HyQvia infusion can be administered 2 weeks after the last IVIG infusion

2-week infusion (previous IVIG dose given Q2 weeks)	◑ 1/2 Q2W dose	● Full Q2W dose		
3-week infusion (previous IVIG dose given Q3 weeks)	◔ 1/3 Q3W dose	◕ 2/3 Q3W dose	● Full Q3W dose	
4-week infusion (previous IVIG dose given Q4 weeks)	◔ 1/4 Q4W dose	◑ 1/2 Q4W dose	◕ 3/4 Q4W dose	● Full Q4W dose

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Initial infusion rates[1]

The full dose of recombinant human hyaluronidase (Hy) solution is infused at a rate of 1 to 2 mL per minute (60 mL to 120 mL/hr) per infusion site or as tolerated. IG 10% can be administered through the same subcutaneous needle set within 10 minutes after the recombinant human hyaluronidase (Hy) infusion is completed.

Patients with body weight of 40 kg or above[1]

The IG 10% should be infused at an initial rate of 10 mL per hour per infusion site. If tolerated, the rate of the administration may be increased at intervals of 5-15 minutes to a maximum infusion rate of 240 mL per hour per infusion site for the initial one or two infusions. For subsequent infusions, the rate can be adjusted to a maximum of 300 mL per hour per infusion site.

Patients with body weight under 40 kg[1]

The IG 10% should be infused at an initial rate of 5 mL per hour per infusion site. If well tolerated, the rate of the administration may be increased at intervals of 5-15 minutes to a maximum of 80 mL per hour per infusion site for the initial one or two infusions. For subsequent infusions, the rate can be adjusted to a maximum of 160 mL per hour per infusion site.

Transitioning patients from IVIG treatment

Same dose and frequency of IVIG for patients with IVIG dosing less than or equal to 4 weeks (after initial ramp-up).

The dose can be administered at 1, 2, or 3 infusion sites with a maximum infusion volume of 600 mL per site (or as tolerated). If using three sites, the maximum is 400 mL per site.

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Hy5 to infuse.

Infuse with a peristaltic pump

The HyQvia infusion process, and all of its steps, are split up into five sections called Hy5. These sections were designed to compartmentalize the process for nurses who infuse for the patient, patients who are self-infusing, or their caregivers who infuse for the patient. The same instructions are presented here so that it will be easier to answer potential questions from those patients or caregivers while still being an instructional piece for healthcare professionals new to infusing HyQvia.

Please see Full Prescribing Information for complete preparation and handling and administration instructions.

Scan to view Instructions for HyQvia Infusion – Video for Nurses

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Administration

HyQvia
[Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]

Hy1 Get ready

Hy2 Prepare the hyaluronidase, or Hy

Hy3 Prepare the immune globulin, or IG

Hy4 Infuse HyQvia

Hy5 Finish up

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

Thrombosis: Has been reported to occur following treatment with IG products, including HyQvia and in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Immunogenicity of Recombinant Human Hyaluronidase (rHuPH20): Non-neutralizing antibodies to the Recombinant Human Hyaluronidase component can develop. The clinical significance of these antibodies or whether they interfere with fertilization in humans is unknown.

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

What You'll Need

Supplies you will need to infuse HyQvia.

This guide will walk you through the supplies you will be using and the infusion process. Below is a list of the supplies that are needed.

Getting ready

HyQvia vial(s). The number of vials you will have will depend on your prescribed dose.

Alcohol swabs, antibacterial cleaner, soap, tape, gauze, and bandages.

IV pole

Gloves

Infusing

50-60 mL syringe(s)

5 mL syringe to check for blood return

Sterile tip caps

Needle or needle-less transfer device*—
1 per HyQvia vial

*A sterile needle or needle-less transfer device (18-22 gauge sterile needle) may be used for all vial sizes.

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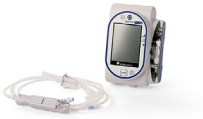
Infusing (cont'd)

Subcutaneous needle set (single, bifurcated, or trifurcated) with a clear dressing—1 per infusion site

Pooling bag (1-2 L based on dose) with attached gravity fill set tubing (2 or 3), vented spike, and sterile cap.



Peristaltic infusion pump and power supply, pump administration tubing, and pump operating manual

Optional: Saline infusion bag (if required by your doctor, 0.9% normal saline)

Finishing up

Sharps container

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

Inspect the vials

- Before infusing HyQvia, you first need to inspect the product
  - The Hy component should be clear and colorless
  - The IG component can vary from clear or slightly opalescent and colorless or pale yellow
- Do not use the Hy or IG components of HyQvia if either liquid is cloudy or has particulates
- Do not use HyQvia beyond the expiration date or if the vials are missing a protective cap
- HyQvia needs to be at room temperature when you infuse. This may take up to 60 minutes after you take it out of the refrigerator. When you bring HyQvia to room temperature, do not shake it, apply heat, or place it in the microwave.

Wash hands and sanitize work area

The first thing you'll need is a clean work area. Sanitize your work area with an antibacterial cleaner, and if you have an infusion mat, lay it out.

Next, wash your hands according to the institution's protocol, such as with antibacterial soap. Put on clean gloves when your hands are dry.

Finally, open your supplies. Keep them in their packages and place near the clean work area.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

Aseptic Meningitis Syndrome: Has been reported with use of IG, including HyQvia and may occur more frequently in females. The syndrome usually begins within several hours to two days following IG treatment.

Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae.

Hemolysis: HyQvia contains blood group antibodies which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

Draw Hy into a syringe

To prepare the Hy component of HyQvia, first remove the purple protective cap(s) and make sure the blue vial caps are removed. If not, manually remove the blue caps. Without shaking the vials, clean each vial of Hy by wiping the stopper with an alcohol swab and let it dry for 30 seconds.

Next, remove a sterile syringe from its package. Attach it to the needle or needle-less transfer device. Note that you'll use a needle or a needle-less transfer device as opposed to a vented spike to transfer the Hy. This is to prevent coring or stopper push-through. Remove the cap on the needle or needle-less transfer device and pull back on the plunger to fill the syringe with air. The amount of air should equal the amount of Hy in the vial.

Attach needle and withdraw Hy from vial(s)

Insert the needle or needle-less transfer device into the center of the Hy vial stopper. Push the air into the vial. Now turn the vial upside down. Pull back on the plunger to withdraw all of the Hy into the syringe.

Remove the needle or needle-less transfer device from the Hy syringe and discard it. Repeat the above steps for each additional Hy vial using the same syringe, if possible.

Fill the tubing/needle set

When the full dose of Hy has been transferred into the syringe, hold the syringe upright and tap it to remove air bubbles. Slowly push the plunger until the Hy reaches the tip of the barrel. Clean the upper port of the pump administration tubing with an alcohol swab and allow to dry (approximately 30 seconds). Attach the syringe to the upper port of the pump administration tubing. Then remove the cap from the subcutaneous needle set and attach it to the opposite end of the pump administration tubing.

Close the clamp on the pump administration tubing closest to the needle set.

Hold the syringe straight up and remove the air from the pump administration tubing between the upper port and the spike. Keep the syringe upright. Push the plunger to fill the pump tubing between the upper port and the spike.

Close the clamp above the upper port. Open the clamp on the lower port.

Slowly push the plunger of the syringe (size may vary due to a larger volume) to remove the air. Fill the rest of the pump administration tubing up to the needle wings with Hy.

Lay the syringe and pump administration tubing down on the clean work surface.

Close the clamp or clamps on the needle set tubing.

If using the push method to deliver Hy

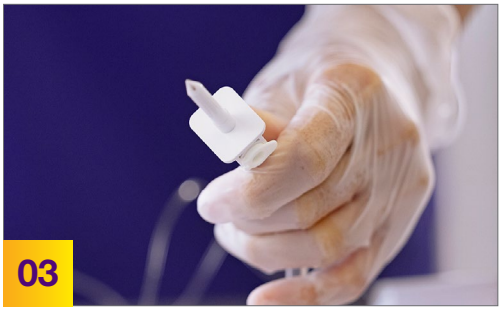
Transfer the Hy into the syringe or syringes, using a sterile needle/needle-less transfer device. Attach the syringe filled with Hy to the needle set. Push the plunger of the syringe to remove the air and fill the needle set up to the wings with the Hy.

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

Transfer IG into pooling bag

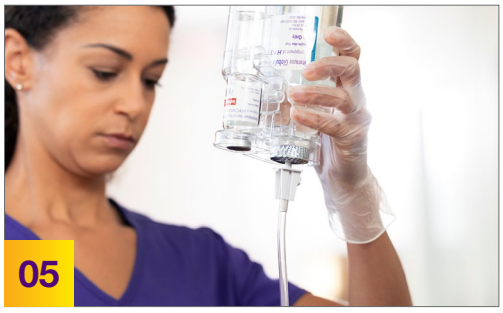
First clean each vial of IG by wiping the stopper with a new alcohol swab and letting it dry for 30 seconds. Be sure not to shake the vials. Tighten the connection between the pooling bag and the gravity fill set tubing.

Close the clamps on the gravity fill set tubing.

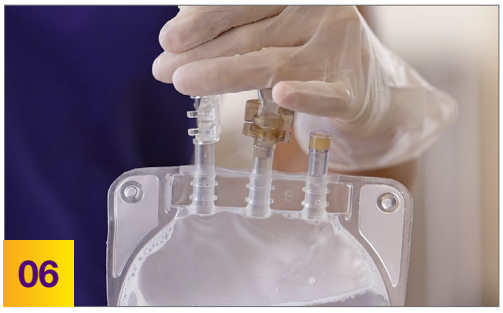


Now remove the cap from the spike of the gravity fill set tubing.

Insert the spike straight down into the center of the IG vial stopper. The tip of the spike should be all the way inside the vial.



Turn the IG vial upside down. Unclamp the gravity fill set tubing. Open the vent on the spike.

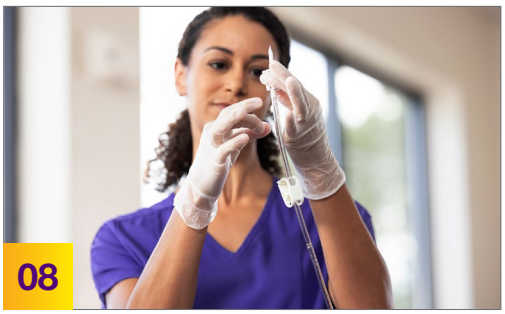


Continue to hold the IG vial upside down and transfer the IG into the pooling bag.

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

Transfer IG into pooling bag (continued)

Gently wiggle the spike back and forth to make sure you transfer all the IG from the vial. Repeat this step, if using multiple vials, to achieve the desired dose. Once all of the IG has been transferred, close the clamp and the vent on the gravity fill set tubing. Remove the spike from the IG vial.



When you finish with the last vial, hold the gravity fill set tubing upright with the spike in the air. Open the clamp and tap the gravity fill set tubing to get the last drops of IG into the pooling bag.

Gently push air out of the pooling bag through the port. Cap the end of the fill port and close the clamp on the fill port. Detach the gravity fill set tubing from the pooling bag.

Remove the tab from the pooling bag administration port. Then remove the protective cap from the spike on the pump administration tubing. Insert the spike into the administration port of the pooling bag.

Note that you may also spike the IG vial directly using vented pump administration tubing.

Insert the pump administration tubing into the pump.

Hang the pooling bag onto the IV pole.

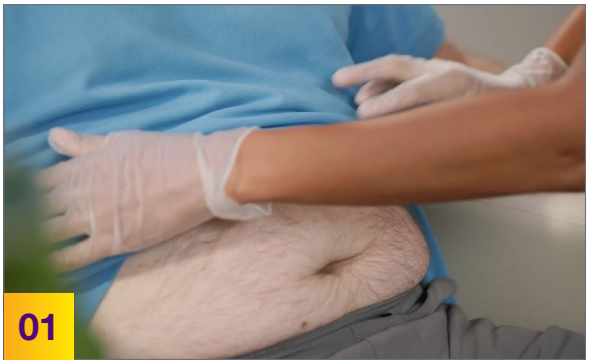
If using a syringe driver

Attach a sterile syringe to a vented spike. Then insert the vented spike into the center of the IG vials. Next, turn the vial upside down and pull back on the plunger to pull the IG into the syringe. Repeat these steps if you are using multiple vials to achieve the desired dose.

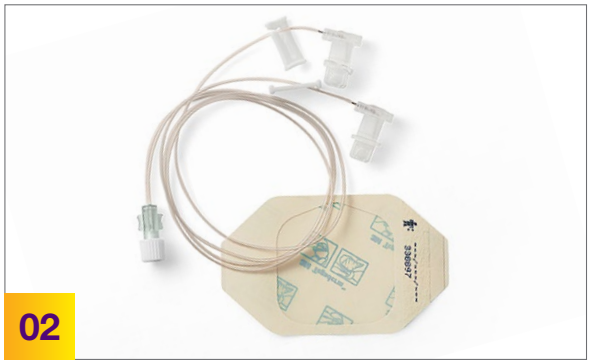
If using a sterile needle, attach a sterile syringe to the sterile needle and pull back the plunger of the syringe to fill with air, which should equal the amount of the liquid you will be taking from the vial.

Then insert the needle into the center of the vial and inject air in. Finally, pull back on the plunger to withdraw the desired volume.

Insert and secure needle(s)

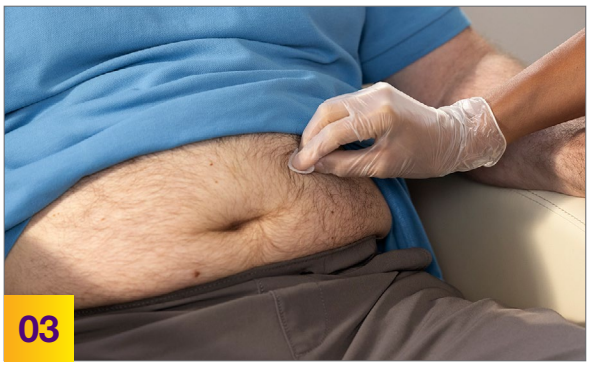


Begin by choosing an infusion site or sites in the middle to upper abdomen or thigh. Avoid bony areas, visible blood vessels, scars, and any areas of inflammation, irritation, or infection.

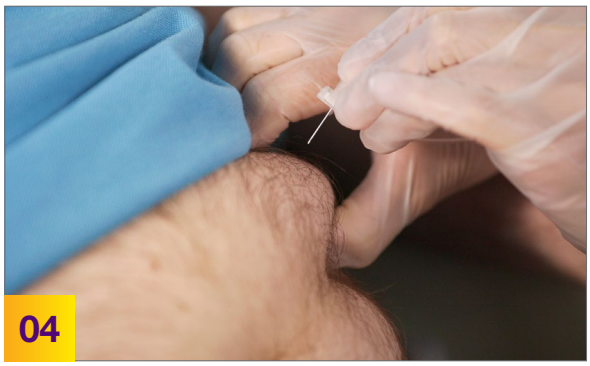


If two sites are desired, a bifurcated needle set may be used on opposite sides of the body.

Be sure to rotate sites by choosing opposite sides of the body between successive infusions.

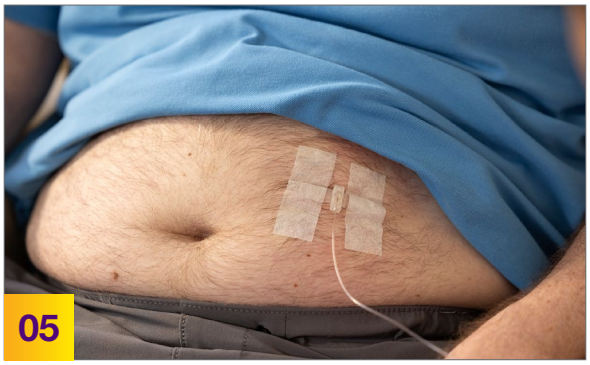


Clean the infusion site with a sterile alcohol swab beginning at the center of the site and moving outward in a circular motion. Let the area dry for 30 seconds.



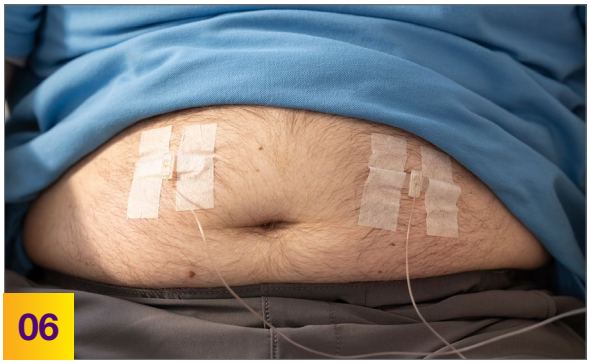
Next, firmly grasp and pinch at least one inch of skin. Insert the 24-gauge subcutaneous needle with a rapid motion straight into the skin at a 90-degree angle.

Note: When selecting a subcutaneous needle set for administering HyQvia, choosing the proper needle length for the patient may help improve tolerability and minimize local infusion site reactions. If the needle is too short, patients may experience a burning sensation or leakage. And if it's too long, you'll reach the muscle layer. Consider using longer needles (14 mm or 12 mm rather than 9 mm). Also, to ensure maximum flow rates, use a subcutaneous needle set for 2 or 3 sites labeled for high flow rates or low resistance.



Secure the needle in place with sterile tape.

Insert and secure needle(s) (continued)



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In a clinical trial, most patients had 2 sites (ranges from 1-3 sites). If more than one infusion site is used, clean the next infusion site, then insert and secure the second subcutaneous needle, making sure to select a site on the opposite side of the body as the first. If using two infusion sites, place one on each side of the body, at least 5 cm away from the belly button. If using 3 sites, they should be 10 cm apart from each other.

Remember to avoid bony areas or anywhere there are visible blood vessels, scars, inflammation (irritation) or infection.

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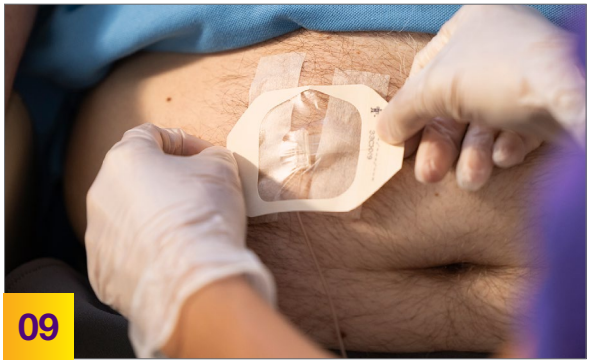
Before starting the infusion, check for proper needle placement. Close the clamp above the lower port of the pump administration tubing. Clean the lower port with an alcohol swab and allow to dry for at least 30 seconds. Attach a 5 mL syringe to the lower port. Open needle set tubing. Pull back gently on the syringe plunger.

08

If you see blood in the tubing, remove and discard the needle and repeat with a new needle and infusion site. Remove the 5 mL syringe. Check to make sure the clamp above the lower port is open.



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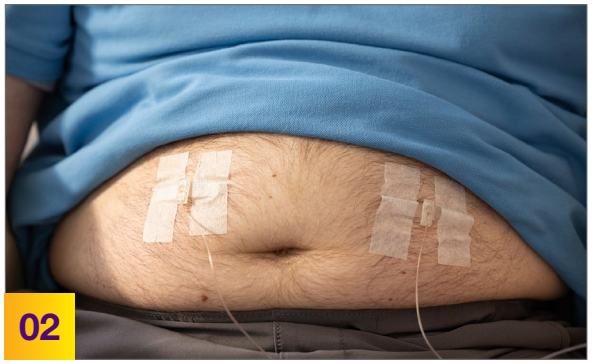
Secure the needle set by applying a sterile, clear dressing over the site or sites.

Infuse Hyaluronidase (Hy) first

To infuse the Hy, turn on the pump and program it to 60 to 120 milliliters per hour per infusion site. You may increase as tolerated up to 300 mL/hr. When the syringe is empty, the pump will say that there is an occlusion alarm. At that point, pause the pump and remove the empty syringe. Next, open the clamp above the upper port and restart the pump, and the IG will help to push the Hy into the infusion sites.



If more than 1 site is used, divide the Hy equally between sites.

Verify that the occlusion alarm on the pump is set to at least 11.6 psi.

Infuse IG with pump (second)

Start the IG infusion right after the Hy infusion is complete, within 10 minutes.

Start the pump to infuse the IG at the rate the patient has been prescribed. Record the patient's vitals as directed by your institution.

When the IG infusion is complete, flush any remaining IG from the pump administration tubing with saline or D5W if required to ensure the patient receives their full dose.

During a HyQvia infusion, it's not uncommon for the patient to experience a temporary soft swelling at the infusion site. This is due to the volume of fluid infused, and may last 1 to 3 days.

Mild to moderate local infusion-site reactions (for example, swelling and redness) are common side effects of facilitated subcutaneous treatment with HyQvia. Instruct the patient to contact their healthcare professional if a local reaction increases in severity or persists for more than a few days or if the patient experiences any adverse reactions.

Some patients may require a two-day regimen if their total dose is above 120 grams. It is suggested to wait 48 to 72 hours in between infusions for all the swelling to resolve.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

Renal Dysfunction/Failure: Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with intravenous (IV) use of IG products, especially those containing sucrose. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

Spread of Localized Infection: Do not infuse HyQvia into or around an infected area due to potential risk of spreading a localized infection.

Transfusion-Related Acute Lung Injury: Non-cardiogenic pulmonary edema may occur with IV administered IG. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. May be managed using oxygen therapy with adequate ventilatory support.

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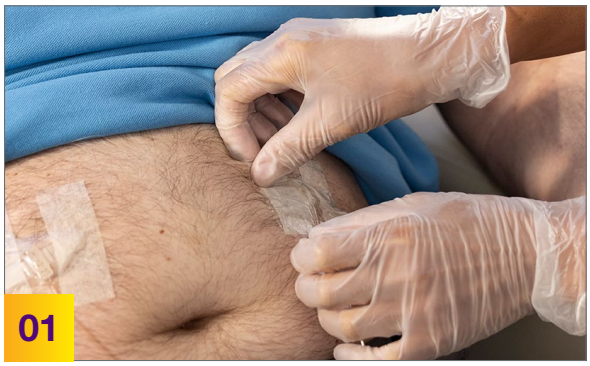
Remove needle(s)



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First, loosen the sterile dressing and tape on all edges and pull the subcutaneous needle wing straight up and out. Place a bandage or gauze over the infusion site.

Dispose of the needle set in a sharps container.

02

Next, complete the documentation process according to your institution's policy. Include the time, date, dose, infusion site or sites, any reactions that occurred, and the product lot number and expiration date found on each IG vial. Or remove the peel-off label from the HyQvia vial(s), which has the product lot number and expiration date, and place the label in your treatment record or infusion log.

Assist the patient with recording the infusion details in their infusion logbook and reinforce the importance of logging the infusion. Show them that there are places where they can also write down any reactions and questions they might have for their physician. This creates an opportunity to remind patients of how important it is that they follow up with their physician as directed.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

Transmittable Infectious Agents: Because HyQvia is made from human plasma, it may carry a risk of transmitting infectious agents (e.g. viruses, other pathogens). No cases of transmission of viral diseases or variant Creutzfeldt-Jakob disease (vCJD) have been associated with HyQvia.

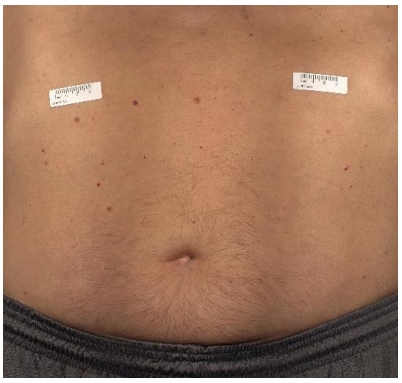
Interference with Lab Tests: False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

Please see additional Important Safety Information throughout, and on last page, and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis.

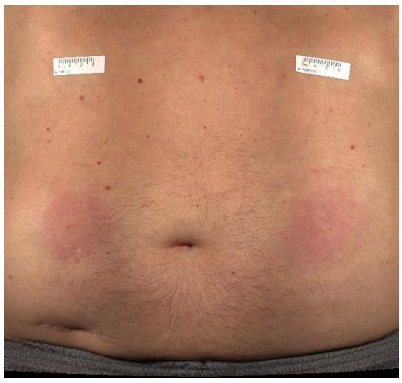
Infusion site swelling

Images are of a patient from a clinical trial who had 640 mL of HyQvia infused, divided into two sites.

Before infusion

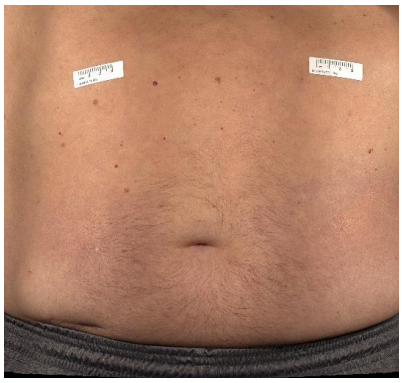


End of infusion



Results in diffuse, pancake-like swelling

24-48 hours after infusion



Infusion site swelling generally resolved within 1 to 3 days

The most frequent local adverse reactions were discomfort/pain, swelling/edema, erythema, and pruritus.[1]

IMPORTANT SAFETY INFORMATION (continued)

Adverse Reactions

The most common adverse reactions observed in clinical trials in >5% of patients were: local reactions, headache, pyrexia, nausea, fatigue, erythema, pruritus, increased lipase, abdominal pain, back pain, and pain in extremity.

Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

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Action to take if leaking occurs

- Infusion site leakage can occur during or after subcutaneous administration of immune globulin, including HyQvia. Consider using longer needles (14 or 12 mm rather than 9 mm) and/or more than one infusion site[1]

Infusion site considerations

- Inform the patient that due to the volume that can be infused, swelling is common with HyQvia[1]
- Mild to moderate local infusion-site reactions (eg, swelling and redness) are common side effects[1]
- Instruct the patient to contact their healthcare professional if a local reaction increases in severity or persists for more than a few days[1]

Most frequent local adverse reactions reported in >1% of infusions during treatment with HyQvia (Study 1*: all safety subjects)[1]

Infusion Site Reaction	HyQvia Number of ARs per Infusion (%) N=598	Placebo Number of ARs per Infusion (%) N=644
Discomfort/pain	39 (6.5%)	12 (1.9%)
Swelling/edema	38 (6.4%)	6 (0.9%)
Erythema	36 (6.0%)	0
Pruritus	15 (2.5%)	0

AR=adverse reaction.

*Study 1 (ADVANCE-1) was a 6-month multicenter, randomized, placebo-controlled, phase 3 study of 132 adults with CIDP on a stable dose of IVIG for ≥12 weeks before screening who received either HyQvia (N=62) or placebo (N=70). The mean duration of exposure was 5.3 months in the HyQvia group and 4.7 months in the placebo group.

In Study 2,† the most frequent local adverse reactions reported in >1% of infusions (number of ARs per infusion, %) were erythema (225, 8.7%) and swelling/edema (58, 2.2%).[1]

†Study 2 (ADVANCE-3) was a phase 3b, single-arm, open-label, multicenter extension study that included 79 patients, 2,590 infusions, and a follow-up of 0 to 5.1 years.

The most common adverse reactions observed in >5% of study subjects in clinical studies (Study 1, Study 2) of HyQvia for CIDP were local reactions, headache, pyrexia, nausea, fatigue, erythema, pruritus, increased lipase, abdominal pain, back pain, and pain in extremity.

IMPORTANT SAFETY INFORMATION (continued)

Use In Specific Populations

Pregnancy: Limited human data are available on the use of HyQvia during pregnancy. The effects of antibodies to the Recombinant Human Hyaluronidase on the human embryo or fetal development are unknown. It is not known whether HyQvia can cause fetal harm when administered to a pregnant woman or if it can affect reproductive capacity. HyQvia should be given to a pregnant woman only if clearly needed.

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HyQvia pump considerations

When selecting and preparing a pump for administering HyQvia [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase] Solution, the following criteria should be taken into consideration:

- The IG component of HyQvia must be administered using an infusion pump capable of infusing a patient's dose up to every 4 weeks and at an infusion rate of up to 300 mL/h/site[1]
- The selected pump should be indicated for subcutaneous (SC) use[1]
- The pump must have the ability to titrate the flow rate up or down, as required, to improve tolerability, while part of a fully assembled administration system[1]
- To ensure maximum flow rates, use a subcutaneous needle set that is 24 gauge and labeled for high flow rates[1]

Confirmation of appropriate settings for pumps

- Ensure that the pump can be programmed to infuse HyQvia at the maximum flow rate prescribed for the patient[1]

HyQvia

[Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase]

INDICATION

HyQvia is indicated for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP) as maintenance therapy to prevent relapse of neuromuscular disability and impairment in adults. HyQvia is for subcutaneous use only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

- **Thrombosis may occur with immune globulin (IG) products, including HyQvia. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **For patients at risk of thrombosis, administer HyQvia at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.**
- **Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

Contraindications

- History of anaphylactic or severe systemic hypersensitivity reactions to human IG
- IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG
- Known systemic hypersensitivity to hyaluronidase including Recombinant Human Hyaluronidase of HyQvia
- Known systemic hypersensitivity to human albumin (in the hyaluronidase solution)

Warnings and Precautions

Hypersensitivity: Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with human IG. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

Thrombosis: Has been reported to occur following treatment with IG products, including HyQvia and in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Immunogenicity of Recombinant Human Hyaluronidase (rHuPH20): Non-neutralizing antibodies to the Recombinant Human Hyaluronidase component can develop. The clinical significance of these antibodies or whether they interfere with fertilization in humans is unknown.

Aseptic Meningitis Syndrome: Has been reported with use of IG, including HyQvia and may occur more frequently in females. The syndrome usually begins within several hours to two days following IG treatment.

Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae.

Hemolysis: HyQvia contains blood group antibodies which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

Renal Dysfunction/Failure: Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with intravenous (IV) use of IG products, especially those containing sucrose. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

Spread of Localized Infection: Do not infuse HyQvia into or around an infected area due to potential risk of spreading a localized infection.

Transfusion-Related Acute Lung Injury: Non-cardiogenic pulmonary edema may occur with IV administered IG. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. May be managed using oxygen therapy with adequate ventilatory support.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

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Please click here for Full Prescribing Information.

Reference: 1. HyQvia. Prescribing Information. Takeda Pharmaceuticals U.S.A., Inc.; 2024.

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