IV doses and infusion rates for all 3 indications

INDICATION	DOSE	INITIAL INFUSION RATE	MAINTENANCE INFUSION RATE (IF TOLERATED)
CIDP	Loading dose: 2 g/kg Maintenance dose: 1 g/kg	2 mg/kg/min (0.02 mL/kg/min)	8 mg/kg/min (0.08 mL/kg/min) Every 3 weeks
PIDD	300-600 mg/kg	1 mg/kg/min (0.01 mL/kg/min)	8 mg/kg/min (0.08 mL/kg/min) Every 3-4 weeks
ITP	2 g/kg	1 mg/kg/min (0.01 mL/kg/min)	8 mg/kg/min (0.08 mL/kg/min)

It is recommended that the initial infusion rate be used for the first 30 minutes. If well tolerated, the rate may be gradually increased to a maximum of 0.08 mL/kg per minute (8 mg/kg/min).

Certain severe adverse drug reactions may be related to the rate of infusion. Slowing or stopping the infusion usually allows the symptoms to disappear promptly.

Ensure that patients with preexisting renal insufficiency are not volume depleted; discontinue if renal function deteriorates.

For patients at risk of renal dysfunction or thromboembolic events, administer at the minimum infusion rate practicable.

SC dose and infusion rate for PIDD

DOSE		INITIAL INFUSION RATE	MAINTENANCE INFUSION RATE
1.37 x current IV dose in grams/IV dose interval in weeks	**ADULT**	20 mL/hr/site	20 mL/hr/site
	PEDIATRIC	10 mL/hr/site (<25 kg) 15 mL/hr/site (≥25 kg)	10 mL/hr/site (<25 kg) 20 mL/hr/site (≥25 kg)

DO NOT ADMINISTER SUBCUTANEOUSLY FOR ITP AND CIDP PATIENTS

gamunex®-C
immune globulin injection (human), 10%
caprylate/chromatography purified

UNCOVER THE DIFFERENCE

IV infusion rate calculations in mL (CC) per hour

		PATIENT WEIGHT											
	kg	10	20	30	40	50	60	70	80	90	100	110	120
	lb	22	44	66	88	110	132	154	176	198	220	242	264
		INFUSION RATE											
ml/kg/min	ml/kg/hr												
0.01	0.6	6	12	18	24	30	36	42	48	54	60	66	72
0.02	1.2	12	24	36	48	60	72	84	96	108	120	132	144
0.03	1.8	18	36	54	72	90	108	126	144	162	180	198	216
0.04	2.4	24	48	72	96	120	144	168	192	216	240	264	288
0.05	3.0	30	60	90	120	150	180	210	240	270	300	330	360
0.06	3.6	36	72	108	144	180	216	252	288	324	360	396	432
0.07	4.2	42	84	126	168	210	252	294	336	378	420	462	504
0.08	4.8	48	96	144	192	240	288	336	384	432	480	528	576

Important Safety Information

GAMUNEX®-C (immune globulin injection [human], 10% caprylate/chromatography purified) is indicated for the treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older, idiopathic thrombocytopenic purpura (ITP) in adults and children, and chronic inflammatory demyelinating polyneuropathy (CIDP) in adults.

Thrombosis may occur with immune globulin products, including GAMUNEX-C. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors. For patients at risk of thrombosis, administer GAMUNEX-C 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 for hyperviscosity.

Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IVIG) products in predisposed patients. Patients predisposed to renal dysfunction include those with any degree of preexisting renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IVIG products containing sucrose. GAMUNEX-C does not contain sucrose. For patients at risk of renal dysfunction or failure, administer GAMUNEX-C at the minimum concentration available and the minimum infusion rate practicable.

GAMUNEX-C is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity.

Severe hypersensitivity reactions may occur with IVIG products, including GAMUNEX-C. In case of hypersensitivity, discontinue GAMUNEX-C infusion immediately and institute appropriate treatment.

Monitor renal function, including blood urea nitrogen (BUN), serum creatinine, and urine output in patients at risk of developing acute renal failure.

Hyperproteinemia, increased serum viscosity, and hyponatremia may occur in patients receiving IVIG treatment, including GAMUNEX-C.

There have been reports of aseptic meningitis, hemolytic anemia, and noncardiogenic pulmonary edema (transfusion-related acute lung injury [TRALI]) in patients administered with IVIG, including GAMUNEX-C.

The high-dose regimen (1g/kg x 1-2 days) is not recommended for individuals with expanded fluid volumes or where fluid volume may be a concern.

Because GAMUNEX-C is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

Do not administer GAMUNEX-C subcutaneously in patients with ITP because of the risk of hematoma formation.

Periodic monitoring of renal function and urine output is particularly important in patients judged to be at increased risk of developing acute renal failure. Assess renal function, including measurement of BUN and serum creatinine, before the initial infusion of GAMUNEX-C and at appropriate intervals thereafter.

Consider baseline assessment of blood viscosity in patients at risk for hyperviscosity, including those with cryoglobulins, fasting chylomicronemia/markedly high triacylglycerols (triglycerides), or monoclonal gammopathies, because of the potentially increased risk of thrombosis.

If signs and/or symptoms of hemolysis are present after an infusion of GAMUNEX-C, perform appropriate laboratory testing for confirmation.

If TRALI is suspected, perform appropriate tests for the presence of antineutrophil antibodies and anti-HLA antibodies in both the product and patient's serum.

After infusion of IgG, the transitory rise of the various passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.

In clinical studies, the most common adverse reactions with GAMUNEX-C were headache, pyrexia, hypertension, chills, rash, nausea, arthralgia, and asthenia (in CIDP); cough, rhinitis, pharyngitis, headache, asthma, nausea, fever, diarrhea, and sinusitis with intravenous use (in PIDD) and local infusion-site reactions, fatigue, headache, upper respiratory tract infection, arthralgia, diarrhea, nausea, sinusitis, bronchitis, depression, allergic dermatitis, migraine, myalgia, viral infection, and pyrexia with subcutaneous use (in PIDD); and headache, ecchymosis, vomiting, fever, nausea, rash, abdominal pain, back pain, and dyspepsia (in ITP).

The most serious adverse reactions in clinical studies were pulmonary embolism (PE) in 1 subject with a history of PE (in CIDP), an exacerbation of autoimmune pure red cell aplasia in 1 subject (in PIDD), and myocarditis in 1 subject that occurred 50 days post-study drug infusion and was not considered drug related (in ITP).

Please see accompanying full Prescribing Information for GAMUNEX-C.

GRIFOLS