European Medicines Agency
*Human Medicines Evaluation Unit*

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# COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE (CHMP)

# CORE SPC FOR HUMAN RABIES IMMUNOGLOBULIN FOR INTRAMUSCULAR USE
(CPMP/BPWG/3728/02)

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|---|---|
| **DISCUSSION IN THE BLOOD PRODUCTS WORKING GROUP** | February 2001<br>June 2001<br>November 2001<br>February 2002<br>June 2002<br>September 2002<br>November 2002<br>February 2003 |
| **TRANSMISSION TO THE CPMP** | March 2003 |
| **RELEASE FOR CONSULTATION** | March 2003 |
| **DEADLINE FOR COMMENTS** | End September 2003 |
| **DISCUSSION IN THE BLOOD PRODUCTS WORKING GROUP** | November 2003<br>February 2004<br>February 2005<br>June 2005 |
| **TRANSMISSION TO THE CHMP** | July 2005 |
| **ADOPTION BY CHMP** | July 2005 |
| **DATE FOR COMING INTO OPERATION** | 1 February 2006 |

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**CORE SPC**
**FOR**
**HUMAN RABIES IMMUNOGLOBULIN FOR INTRAMUSCULAR USE**

*The QRD Product Information template with explanatory notes* and the convention to be followed for QRD templates** provide general guidance on format and text and should be read in conjunction with the core SPC and the Guideline on Summary of Product Characteristics.*
*In addition, for the content of sections 4.4 and 4.8 concerning transmissible agents, refer to the current version of the "Note for Guidance on the Warning on Transmissible Agents in SPCs and Package Leaflets for plasma-derived medicinal products" (CPMP/BPWG/BWP/561/03).****

This core SPC covers human rabies immunoglobulin for intramuscular administration defined by the European Pharmacopoeia monograph 723

* *http://www.emea.eu.int/htms/human/qrd/qrdplt/H01a%20EN%20NOTE%20SPC-II-lab-pl%20v6.pdf*
** *http://www.emea.eu.int/htms/human/qrd/qrdplt/qrdconventionv6.pdf*
*** *http://www.emea.eu.int/pdfs/human/bpwg/056103en.pdf*

## 1. NAME OF THE MEDICINAL PRODUCT

{(Invented) name of product <strength> <pharmaceutical form>}

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Human rabies immunoglobulin

*[Product specific information on quantitative composition. Include: human protein content and minimum content of IgG (e.g. human protein x g/l of which at least y% is IgG), content of specific immunoglobulin IU/ml and per container.]*

For excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

*[Product specific]*

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Post-exposure prophylaxis of rabies infection in persons after exposure to scratches, bites or other injuries including mucous membrane contamination with infectious tissue, such as saliva, caused by a suspected rabid animal.

Human rabies immunoglobulin must always be used in combination with a rabies vaccine.

<Consideration should also be given to other official guidance on the appropriate use of human rabies immunoglobulin for intramuscular use.>

### 4.2 Posology and method of administration

**Posology**

Post-exposure prophylaxis consists of a regimen of one dose of immunoglobulin and full courses of rabies vaccination. Rabies immunoglobulin and the first dose of rabies vaccine should be given as soon as possible after exposure. Additional doses of rabies vaccine should be given according to official guidelines or the manufacturer's instructions.

Rabies prophylaxis exclusively with simultaneous vaccination: recommended dose of rabies immunoglobulin is 20 IU/kg body weight.

Because of the risk of interference with antibody production related to vaccination, neither the dose should be increased nor repeat rabies immunoglobulin be given (even if the onset of the simultaneous prophylaxis is delayed).

<Consideration should also be given to dose and dose schedules for human rabies immunoglobulin for intramuscular use recommended in other official guidance.>

**Method of administration**

Human rabies immunoglobulin should be administered via the intramuscular route.

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.

The immunoglobulin and the vaccine should be administered at two different sites of the body.

The wound should be cleaned with soap and disinfectant.

Injections of the immunoglobulin should preferably be administered in the bitten site. The immunoglobulin should be carefully infiltrated in the depth of and around the wound. Any remainder should be injected intramuscularly at a site distant from that used for the rabies vaccine.

If intramuscular administration is contra-indicated (bleeding disorders) the injection can be administered subcutaneously. However, it should be noted that there are no clinical efficacy data to support administration by the subcutaneous route.

### 4.3 Contraindications

Because of the life-threatening risk due to rabies, there are no contraindications to the administration of rabies immunoglobulin.

### 4.4 Special warnings and special precautions for use

Ensure that {(Invented) name of product} is not administered into a blood vessel, because of the risk of shock.

True hypersensitivity reactions are rare.

[*Product specific*]

<{Tradename of the product} contains a small quantity of IgA. Individuals who are deficient in IgA have the potential for developing IgA antibodies and may have anaphylactic reactions after administration of blood components containing IgA.>

Rarely, human rabies immunoglobulin can induce a fall in blood pressure with anaphylactic reaction, even in patients who had tolerated previous treatment with human immunoglobulin.

Suspicion of allergic or anaphylactic type reactions requires immediate discontinuation of the injection. In case of shock, standard medical treatment for shock should be implemented.

*[The text to be inserted here for transmissible agents should be in accordance with the current version of the guideline on the Warning on Transmissible Agents in SPCs and Package Leaflets for plasma-derived medicinal products (CPMP/BPWG/BWP/561/03).]*

### 4.5 Interactions with other medicinal products 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 4 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.

Passive transmission of antibodies to erythrocyte antigens, e.g. A, B, D may interfere with some serological tests for red cell antibodies, for example the antiglobulin test (Coombs' test).

### 4.6 Pregnancy and lactation

The safety of this medicinal product for use in human pregnancy 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.

### 4.7 Effects on ability to drive and use machines

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

### 4.8 Undesirable effects

<There are no robust data on the frequency of undesirable effects from clinical trials. The following undesirable effects have been reported: >

<The following undesirable effects have been reported <from {x} patients in clinical studies> <and from post-marketing experience>: >

*[If there are robust data on the frequency of undesirable effects from clinical trials the section should be prepared in line with the general provisions of the SPC guideline.]*

| **MedDRA Standard System Organ Class** | **Undesirable effects** | **<Frequency>** |
|---|---|---|
| Immune system disorders | Hypersensitivity, anaphylactic shock | |
| Nervous system disorders | Headache | |
| Cardiac disorders | Tachycardia | |
| Vascular disorders | Hypotension | |
| Gastrointestinal disorders | Nausea, vomiting | |
| Skin and subcutaneous disorders | Skin reaction, erythema, itching, pruritus | |
| Musculoskeletal and connective tissue disorders | Arthralgia | |
| General disorders and administration site conditions | Fever, malaise, chill<br>At injection site: swelling, pain, erythema, induration, warmth, pruritus, rash, itching | |

*[The text to be inserted here for transmissible agents should be in accordance with the current version of the guideline on the Warning on Transmissible Agents in SPCs and Package Leaflets for plasma-derived medicinal products (CPMP/BPWG/BWP/561/03).]*

### 4.9 Overdose

Consequences of an overdose are not known.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: immune sera and immunoglobulins

- Human rabies immunoglobulin ATC code: J06BB05

Human rabies immunoglobulin contains mainly immunoglobulin G (IgG) with a specifically high content of antibodies against rabies virus.

### 5.2 Pharmacokinetic properties

Human rabies immunoglobulin for intramuscular administration is bioavailable in the recipient's circulation after a delay of 2-3 days.

Human rabies immunoglobulin has a half-life of about 3-4 weeks. This half-life may vary from patient to patient.

IgG and IgG-complexes are broken down in cells of the reticuloendothelial system.

### 5.3 Preclinical safety data

*[Product specific]*

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

*[Product specific]*

### 6.2 Incompatibilities

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

*[Product specific]*

### 6.3 Shelf-life

*[Product specific]*

### 6.4 Special precautions for storage

*[Product specific]*

### 6.5 Nature and contents of container

*[Product specific]*

### 6.6 Instructions for use and handling and disposal

*[Product specific]*

The product should be brought to room or body temperature before use.

<Total reconstitution should be obtained within *[product specific time]*.>

The colour can vary from colourless to pale-yellow up to light brown. Do not use solutions that are cloudy or have deposits. <Reconstituted products should be inspected visually for particulate matter and discoloration prior to administration.>

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

## 7. MARKETING AUTHORISATION HOLDER

{Name and address}

## 8. MARKETING AUTHORISATION NUMBER(S)

*[Product specific]*

## 9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

*[Product specific]*

## 10. DATE OF REVISION OF THE TEXT

*[Product specific]*