Tetanus immunoglobulin

16-Mar-2020

INDICATIONS AND DOSE

Post-exposure prophylaxis

BY INTRAMUSCULAR INJECTION

- Child: Initially 250 units, then increased to 500 units, dose is only increased if more than 24 hours have elapsed or there is risk of heavy contamination or following burns
- Adult: Initially 250 units, then increased to 500 units, dose is only increased if more than 24 hours have elapsed or there is risk of heavy contamination or following burns

Treatment of tetanus infection

BY INTRAMUSCULAR INJECTION

- Child: 150 units/kg, dose may be given over multiple sites
- Adult: 150 units/kg, dose may be given over multiple sites

CAUTIONS IgA deficiency · interference with live virus vaccines

INTERACTIONS → Appendix 1: immunoglobulins

SIDE-EFFECTS

Rare or very rare Anaphylactic reaction · hypotension

Frequency not known Arthralgia · chest pain · dizziness · dyspnoea · face oedema · oral disorders · tremor

HANDLING AND STORAGE Care must be taken to store all immunological products under the conditions recommended in the product literature, otherwise the preparation may become ineffective. **Refrigerated storage** is usually necessary; many immunoglobulins need to be stored at 2–8°C and not allowed to freeze. Immunoglobulins should be protected from light. Opened multidose vials must be used within the period recommended in the product literature.

MEDICINAL FORMS There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- Tetanus immunoglobulin (Non-proprietary)
  Tetanus immunoglobulin human 250 unit Tetanus immunoglobulin human 250unit solution for injection vials | 1 vial PoM £170.00 DT = £170.00

Varicella-zoster immunoglobulin

16-Mar-2020

(Antivaricella-zoster Immunoglobulin)

INDICATIONS AND DOSE

Prophylaxis against varicella infection

BY DEEP INTRAMUSCULAR INJECTION

- Adult: 1 g, to be administered as soon as possible—not later than 10 days after exposure, second dose to be given if further exposure occurs more than 3 weeks after first dose, no evidence that effective in severe disease

CAUTIONS IgA deficiency · interference with live virus vaccines

INTERACTIONS → Appendix 1: immunoglobulins

SIDE-EFFECTS Arthralgia · chills · fever · headache · hypersensitivity · hypotension · malaise · nausea · skin reactions · tachycardia · vomiting

DIRECTIONS FOR ADMINISTRATION Normal immunoglobulin for intravenous use may be used in those unable to receive intramuscular injections.

PRESCRIBING AND DISPENSING INFORMATION Available from selected Public Health England and NHS laboratories (also from BPL).

HANDLING AND STORAGE Care must be taken to store all immunological products under the conditions recommended in the product literature, otherwise the preparation may become ineffective. **Refrigerated storage** is usually necessary; many immunoglobulins need to be stored at 2–8°C and not allowed to freeze. Immunoglobulins should be protected from light. Opened multidose vials must be used within the period recommended in the product literature.

MEDICINAL FORMS There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- Varicella-Zoster (Bio Products Laboratory Ltd)
  Varicella-Zoster immunoglobulin human 250 mg Varicella-Zoster immunoglobulin human 250mg solution for injection vials | 1 vial PoM £600.00 DT = £600.00

2 Post-exposure prophylaxis

IMMUNE SERA AND IMMUNOGLOBULINS › ANTITOXINS

Bezlotoxumab

18-Aug-2017

DRUG ACTION Bezlotoxumab is a human monoclonal antitoxin antibody; it binds to *Clostridioides difficile* toxin B and neutralises its activity, preventing recurrence of *Clostridioides difficile* infection.

INDICATIONS AND DOSE

Prevention of recurrence of *Clostridioides difficile* infection in patients at high risk of reinfection

BY INTRAVENOUS INFUSION

- Adult: 10 mg/kg for 1 dose, to be administered during the course of antibacterial therapy for *Clostridioides difficile* infection

SIDE-EFFECTS

Common or very common Dizziness · dyspnoea · fatigue · fever · headache · hypertension · infusion related reaction · nausea

PREGNANCY Manufacturer advises avoid unless essential—limited information available.

BREAST FEEDING Manufacturer advises avoid—no information available.

DIRECTIONS FOR ADMINISTRATION Manufacturer advises for *intravenous infusion* (*Zinplava*®), give intermittently in Glucose 5 % *or* Sodium Chloride 0.9 %; dilute requisite dose to a concentration of 1–10 mg/mL with infusion fluid; give over 60 minutes via a central venous catheter or peripheral catheter using a low-protein binding filter (0.2–5 micron).

HANDLING AND STORAGE Manufacturer advises store in a refrigerator (2–8 °C)—consult product literature for further information regarding storage conditions outside refrigerator and after preparation of the infusion.

MEDICINAL FORMS There can be variation in the licensing of different medicines containing the same drug.

Solution for infusion

EXCIPIENTS: May contain Polysorbates
ELECTROLYTES: May contain Sodium

- Zinplava (Merck Sharp & Dohme Ltd) ▼
  Bezlotoxumab 25 mg per 1 ml Zinplava 1g/40ml concentrate for solution for infusion vials | 1 vial PoM £2,470.00 (Hospital only)