Glassia®

TRANSFUSION MEDICINE SERVICES

OTHER NAMES	CLASSIFICATION	ALERTS
None	Alpha-1 Proteinase Inhibitor (Human)	Contains human plasma

PREPARATION and ADMINISTRATION

Reconstitution None.

GLASSIA® is a ready-to-use sterile solution for intravenous infusion. The solution is clear, ranging from colorless to yellow-green and may contain a few protein particles. It contains 2% solution of active Alpha1-PI in 20 mM sodium dihydrogen phosphate buffer containing 0.7% sodium chloride.

IV Direct	Intermittent Infusion	Continuous Infusion
Not Applicable	**Standard preparation:** none, ready-to-use vial. **Alternative preparation**: pooled into an infusion bag. Administer within 3 hours of entering the vial. Administer at a rate of 0.2 mL/kg/min. Use a 5 micron in-line filter required during infusion (if filter not used to pool into infusion bag).	Not applicable

Requirements and Monitoring

Administration: Infusion pump, regular IV tubing with vent, and 5 micron in-line filter (if filter not used when pooled into an infusion bag).

Baseline vitals (as below) within the 60 minutes before starting infusion. Check vital signs 15 minutes after initiation and upon completion. Document all vitals taken.

- Blood pressure via cuff or arterial line
- Temperature
- Heart Rate
- Respirations
- Oxygen saturation (if available)
- Lung sounds in non-verbal, non-oriented or pediatric patients

Keep unopened bag of NS and standard IV tubing nearby for prompt response if an adverse event (AE) occurs.

INDICATIONS

- Chronic augmentation and maintenance therapy in adults with clinically evident emphysema due to severe hereditary deficiency of Alpha1-PI, also known as alpha1-antitrypsin deficiency (AATD). Only available through the Canadian Blood Services (CBS) named patient program.
- Not authorized by Health Canada for use in Pediatrics (<18 years of age).

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ADVERSE EFFECTS

- **Adverse reactions may include**: nausea, abdominal pain, diarrhea, vomiting, infusion site swelling, infusion site pain, infusion site erythema, infusion site pruritus, asthenic conditions (i.e., fatigue, lethargy), fever, edema, myalgia, joint stiffness, back pain, headache, dizziness, migraine, rash and hypertension.
- **If an AE is suspected**: stop the transfusion, disconnect and cap the administration tubing, initiate the backup line of NS, and consult the AP for medical management. Notify the TM lab of a suspected reaction.
  - Review the product lot number, TM tag and patient ID to rule out a verification (clerical) error and that the expiry date and time has not passed.
  - Ensure TM tag, along with a copy of the documented clinical data and interventions are sent to TM lab once transfusion is discontinued or completed.

Note: AP may require blood work or additional investigations.

DOSAGE

- Recommended dosage: 60 mg/kg body weight administered once weekly

COMPATIBILITY, STABILITY

- Single use vials. Do not use past expire date.
- Protect vials from light; inspect visually for particulate matter and discoloration prior to administration.
- Do not dilute in any IV solutions.
- Do not store unused vials – return to transfusion medicine immediately.
- Transfuse within 3 hours of entering vial.

DOSAGE FORMS

- 1000 mg / 50 mL Vial – supplied by Transfusion Medicine.

MISCELLANEOUS

- Contrainidcated in:
  - Immunoglobulin A (IgA) deficient patients with antibodies against IgA.
  - Individuals with a history of anaphylaxis or other severe systemic reaction to Alpha1-PI products.

REFERENCES

- CL-BP-030, IWK-625 Blood Component and Blood Product Administration – Policy and Procedure
- Glassia® Product Mongraph found at: Takeda Canada https://www.takeda.com/en-ca/what-we-do/our-medicines