

## TRANSFUSION MEDICINE SERVICES

<b>OTHER NAMES</b> SCIG	<b>CLASSIFICATION</b> Immunoglobulin	<b>ALERTS</b> Contains human plasma
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### PREPARATION and ADMINISTRATION

#### Reconstitution

None. HyQvia is a dual vial unit consisting of one vial of recombinant human hyaluronidase (HY) and one vial of human normal immune globulin 10% (IgG) for subcutaneous administration. HY is a protein that makes it easier for the IgG antibodies to be infused under the skin and absorbed.

Note: current SCIG users may be switched to IVIg if admitted to the hospital.

#### Subcutaneous Injection

Do not mix the two components (HY and IgG) of HyQvia together. The two components of HyQvia must be infused sequentially, beginning with the HY solution. If two infusion sites are used, they should be on opposite sides of the body and half the total volume of each of the two components of HyQvia should be administered in each site.

The HY solution is infused at a rate of 1–2 mL/minute/infusion site or as tolerated.

Generic infusion rates for IgG solution:

Interval/Minutes	Patients less than 40 kg		Patients greater than 40 kg	
	First 2 Infusions (mL/hr/infusion site)	Infusions 3–4 (mL/hr/infusion site)	First 2 Infusions (mL/hr/infusion site)	Infusions 3–4 (mL/hr/infusion site)
10 minutes	5	10	10	10
10 minutes	10	20	30	30
10 minutes	20	40	60	120
10 minutes	40	80	120	240
Remainder of infusion	80	160*	240	300*

\*Note: If the patient tolerates infusions at the full dose per site and at the maximum rate, an increase in the rate of successive infusions may be considered at the discretion of the authorized prescriber (AP).

Suggested sites for infusion are: upper abdomen or thighs. Avoid bony areas, visible blood vessels, scars or areas of inflammation, irritation or infection.

#### Requirements and Monitoring

**Baseline vitals** before starting infusion. Reassess with each rate increase, hourly, and 20–30 minutes post infusion.

**Document all vitals taken.**

Blood pressure via cuff or arterial line

Temperature

Heart Rate

Respirations (and Oxygen Saturation, if available)

Lung sounds in non-verbal, non-oriented patients and patients with CHF or pulmonary dysfunction

Have epinephrine and/or other appropriate supportive therapy available for acute anaphylactic or anaphylactoid reaction.

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### INDICATIONS

Replacement therapy for primary and secondary humoral immunodeficiency in adult patients.

The safety and efficacy of HyQvia has NOT been established in pediatric patients (<18 years of age).

### 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, 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.
- Resume transfusion cautiously as directed by AP. Directly observe patient x5min then closely observe x10min.
- 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

Dosing will be based on indications and criteria as outlined in [NSHA CL-BP-025, IWK-629 Use of Intravenous and Subcutaneous Immunoglobulins \(IVIg/SCIg\)](#)

Order Sets for SCIg may be found at <http://healthforms.cdha.nshealth.ca/> (enter SCIg in the search box) or within the Electronic Form Repository.

### 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 store unused vials in refrigerator. Administer at room temperature.

### DOSAGE FORMS

Supplied by Transfusion Medicine as:

- Recombinant Human Hyaluronidase: 200 Units/1.25 mL, 400 Units/2.5 mL, 800 Units/5 mL, 1600 Units/10 mL and 2400 Units/15 mL
- Normal Immunoglobulin (Human) 10%: 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 30 g/300 mL

### MISCELLANEOUS

Contraindicated in:

- Patients with history of anaphylactic/severe systemic reactions to IgG, or IgA deficient patients with antibodies to IgA.
- Patients with known hypersensitivity to hyaluronidase, including recombinant human hyaluronidase.

Antibodies in immunoglobulin preparations may interfere with the patient's responses to live vaccines.

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### INFUSION INSTRUCTIONS

Use aseptic technique when preparing and administering HyQvia for infusion.

1. *Inspect the vials and allow to passively reach room temperature:* Inspect for clarity, color, and expiration date(s) (HY should be clear of particulate matter and clear/colorless, IgG should be clear of particulate matter and clear/colorless or pale yellow). Do not apply heat or place in the microwave to warm.

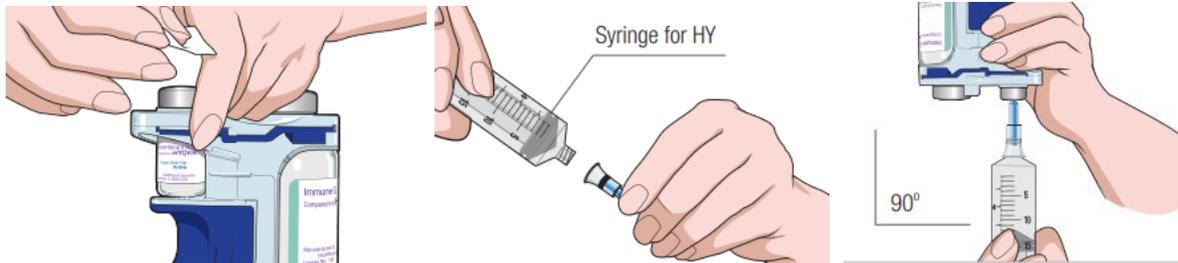


2. *Prepare for infusion:*

- Gather supplies: HyQvia vial(s), approved subcutaneous needle set, vented IV tubing, ancillary supplies, agilia infusion pump and sharps container.
- Prepare a clean work area.
- Wash hands and don gloves.

3. *Prepare HY vials:*

- Wipe each stopper with a sterile alcohol wipe and allow to dry.
- Transfer contents of vial(s) into a syringe using a new transfer needle for each vial of HY (if multiple sites are being used ensure contents are pulled into two syringes equally).



4. *Prepare IgG vials:*

- IgG will be transfused directly from the vial(s), remove each IgG vial from the attached HY vial – if multiple sites are being used ensure vials are divided equally for infusion into each site.

5. *Prepare the infusion pump and tubing:*

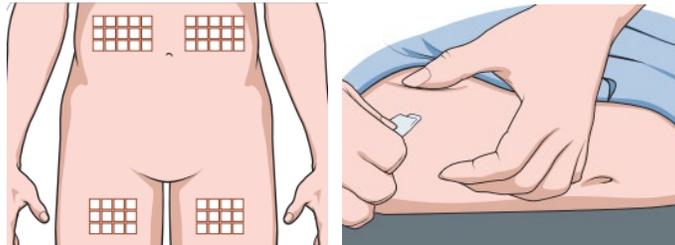
- Prime vented IV tubing with IgG solution: follow manufacturer directions for priming tubing and pump usage (repeat as needed if additional infusion site being used).
- Prime the subcutaneous needle set(s) with HY solution: remove the cap from the subcutaneous needle set and attach the HY syringe. Slowly push the plunger to fill the needle set and stop when the HY reaches the needle hub.

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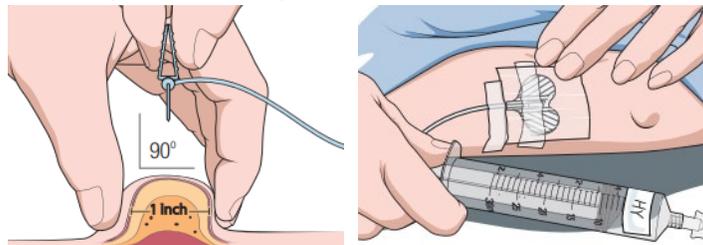
6. *Prepare the infusion site(s):*

- Potential sites for infusion include the upper abdomen and thighs. Avoid: bony areas, visible blood vessels, scars and any areas of inflammation (irritation) or infection.
- A maximum of two infusion sites can be used based on the volume of the total dose.
- Infusion sites should be at least 4 inches apart.
- Rotate sites of the body between successive infusions.
- Cleanse the infusion site(s) with a sterile alcohol wipe beginning at the center of each infusion site and moving outward in a circular motion. Allow the infusion site(s) to dry.



7. *Insert and secure the subcutaneous needle set:*

- Pinch at least one inch of skin between two fingers. Insert the needle at a 90-degree angle into the subcutaneous tissue and secure the needle with sterile tape.
- Check placement: gently pull back on the plunger of attached syringe and monitor for any blood return.
  - If blood is seen in the tubing, remove and discard the needle and repeat steps 5, 6 and 7 with a new subcutaneous needle set.
- Secure the needle in place with a sterile protective dressing.
- If more than one site is used, repeat above steps for each site.



8. *Start the infusion:*

- If more than one site is used, remember to evenly divide the volume of HY and IgG between infusion sites.
- Administer all the HY manually at a rate of 1–2mL/minute/infusion site.
- Detach the HY syringe from the subcutaneous needle set and attach the vented tubing primed with IgG. Begin the IgG infusion right after the HY infusion is complete (within 10 minutes).
- Follow the manufacturer’s instructions to turn on and program the infusion pump for the IgG.
- Infuse IgG at a rate based on the AP’s order or follow the standardized rate tables provided above.
- When the IgG infusion is complete, flush any remaining IgG from the pump tubing with NS.
- Repeat the above steps for each infusion site.

9. *Remove subcutaneous needle(s) from the infusion site(s):*

- After the infusion is complete, remove the needle set(s) and cover with a protective dressing. Discard any partially used vial(s) and disposable supplies in accordance with local requirements.

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**REFERENCES**

- [CL-BP-030, IWK-625 Blood Component and Blood Product Administration – Policy and Procedure](#)
- HyQvia product monograph. Found at [Our Medicines | Takeda Canada](#)
  - Brochure on how to infuse HyQvia with a peristaltic pump – <https://www.hyqviahcp.com/content/dam/takeda/imported/hyqvia/pdfs/step-by-step-infusion-guide.pdf>
  - Brochure on how to infuse HyQvia with a syringe driver pump – <https://www.hyqviahcp.com/content/dam/takeda/imported/hyqvia/pdfs/infusion-syringe-driver-pump-guide.pdf>