Rhoclone should not be given to the infant and to Rho-D positive individuals.

Rhoclone effect in decreasing the incidence of hemolytic disease of the newborn due to Rh incompatibility has been dramatic. **Rhoclone** acts by eliminating the circulating Rho-D antigens and quarantees prevention of sensitisation to these antigens.

Side effects:

No uncommon side effects detected. However local pain, fever, flushing, headache and chills may rarely occur.

Presentation: Combipack carton containing,

One vial of **Rhoclone** 100 mcg and one ampoule of Sterile Water for Injection I.P. 1ml. One vial of **Rhoclone** 150 mcg and one ampoule of Sterile Water for Injection I.P. 1ml. One vial of **Rhoclone** 300 mcg and one ampoule of Sterile Water for Injection I.P. 2ml.

Direction for Use:

Reconstitute the contents of vial with Sterile Water for Injection I.P. provided in this pack.

Storage:

Store at 2°C-8°C. Do not freeze.

Shelf Life

Sealed & Unopened containers, when stored as recommended have a shelf life of 24 months from date of manufacturing.

References

- 1) Drruygina E. I. et. al, Hematologija Transfusiologija (1991), Vol : 8.
- 2) Miterev G. Y. et. al, Biotechnology (1993), Vol : 8.
- 3) Lemeneva C. N. et. al, Hematologija Transfusiologija (1992), Vol : 9 10.





For the use only of a Pegistered Medical Practitioner or a Hospital or a Laboratory only

Anti Rho-D Immunoglobulin Injection (Monoclonal)

रोक्लॉन RHOCLONE[®]

100 mcg / 150 mcg / 300 mcg

Freeze dried



Description:

Rhoclone is a sterile freeze dried powder of Human Monoclonal Anti-rhesus Immunoglobulin (IgG) containing antibodies to Rho-D.

Composition:

Each vial contains:

Rhoclone contains:

Mannitol I.P. and Sodium Chloride I.P. as excipients and Glycine I.P. and Human Albumin I.P. as stabilizer.

Rhoclone is manufactured from hybridoma derived from human B-cells secreting highly specific antibodies against Rho-D antigens.

Indication

Rhoclone is indicated to prevent Rho-D negative women from forming antibodies to foetal rhesus - positive red blood cells, that may pass into the maternal blood during child birth, abortion or certain other sensitising events.

Administration and Dosage:

Rhoclone should always be given to rhesus negative mothers with no Anti-D antibodies in their serum and who have just delivered rhesus positive infants. A dose of 300 mcg should be given intramuscularly as soon as possible during first 3 days after delivery. In cases of abortion or termination of pregnancy, the Rh negative women should be given 150 mcg of Rhoclone within 72 hours, if the pregnancy is of 12 weeks duration or less. In cases of miscarriage in an advanced stage of pregnancy, 300 mcg should be administered.

Threatened abortion, amniocentesis carry risk of sensitisation during pregnancy. Any Rh negative women at risk of transplacental haemorrhage during pregnancy and not known to have been sensitised should be given 150 mcg of **Rhoclone** without delay.