

## Dosing Chart

Weight		Dose	Total weekly volume	# sites*	Time per infusion*
Pounds (lbs)	Kilograms (kgs)				
132 lb	60 kg	0.2 g/kg	60 mL	2	~1 hour
		0.4 g/kg	120 mL	3	
176 lb	80 kg	0.2 g/kg	80 mL	2	
		0.4 g/kg	160 mL	4	
198 lb	90 kg	0.2 g/kg	90 mL	2	
		0.4 g/kg	180 mL	4	

\*As tolerated; the number of sites and time per infusion is based on subsequent infusions.



Personalize treatment for your patients with our dosing calculator at **Hizentra.com**



## Hizentra is available in a range of vial and prefilled syringe sizes

- 5, 10, 20, and 50 mL vials
- 5, 10, and 20 mL prefilled syringes



## Important Safety Information

**WARNING:** Thrombosis may occur with immune globulin products, including Hizentra. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.

For patients at risk of thrombosis, administer Hizentra at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Hizentra is contraindicated in patients with a history of anaphylactic or severe systemic reaction to human immune globulin (Ig) or components of Hizentra (eg, polysorbate 80), as well as in patients with immunoglobulin A deficiency with antibodies against IgA and a history of hypersensitivity. Because Hizentra contains L-proline as stabilizer, use in patients with hyperprolinemia is contraindicated.

IgA-deficient patients with anti-IgA antibodies are at greater risk of severe hypersensitivity and anaphylactic reactions. Thrombosis may occur following treatment with Ig products, including Hizentra.

Monitor patients for aseptic meningitis syndrome (AMS), which may occur following treatment with Ig products, including Hizentra. In patients at risk of acute renal failure, monitor renal function, including blood urea nitrogen, serum creatinine and urine output. In addition, monitor patients for clinical signs of hemolysis or pulmonary adverse reactions (eg, transfusion-related acute lung injury [TRALI]).

Hizentra is derived from human blood. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

The most common adverse reactions (observed in ≥5% of study subjects) were local infusion-site reactions, as well as headache, diarrhea, fatigue, back pain, nausea, extremity pain, cough, upper respiratory tract infection, rash, pruritus, vomiting, upper abdominal pain, migraine, arthralgia, pain, fall, and nasopharyngitis. The passive transfer of antibodies can interfere with response to live virus vaccines and lead to misinterpretation of serologic test results.

### Indications

Hizentra®, Immune Globulin Subcutaneous (Human), 20% Liquid, is indicated for:

- Treatment of primary immunodeficiency (PI) in adults and pediatric patients 2 years and older.
- Maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy (CIDP) to prevent relapse of neuromuscular disability and impairment.
  - Limitation of Use: Maintenance therapy in CIDP has been systematically studied for 6 months and for a further 12 months in a follow-up study. Continued maintenance beyond these periods should be individualized based on patient response and need for continued therapy.

For subcutaneous infusion only.

Please see full prescribing information for Hizentra including boxed warning.

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Biotherapies for Life® **CSL Behring**

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**Hizentra®**  
Immune Globulin Subcutaneous  
(Human) 20% Liquid

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