VariZIG™

Class: *Manufactured blood product, derived from human plasma*

OTHER NAMES: Varicella-Zoster Immune Globulin (Human), VZIG
Company: Cangene

	INTRAVENOUS			OTHER		
ROUTES	**DIRECT IV**	**IV Infusion**	**Continuous Infusion**	**SC**	**IM**	**OTHER**
Acceptable Routes*	Yes	Yes	No	No	Yes	N/A

*** Professionals performing these restricted activities have received authorization from their regulatory college and have the knowledge and skill to perform the skill competently.**

DESCRIPTION OF PRODUCT:

- A sterile, lyophilized preparation of gamma globulin from pooled human plasma containing antibodies to varicella-zoster virus.
- Intended for the passive immunization of exposed, susceptible individuals who are at greater risk of complications from varicella (chickenpox) than healthy individuals.
- Viral reduction steps include filtration, and solvent/detergent treatment.
- Each vial contains approximately 125 IU anti-VZV.
- **Latex-free**

AVAILABILITY:

- Supplied by CBS
- Contact your local laboratory/transfusion service regarding stock availability on site.

INDICATIONS FOR USE:

- Immunocompromised children after significant exposure to varicella zoster.
- Newborns of mothers with varicella shortly before or after delivery.
- Exposed premature infants of ≥ 28 weeks gestation if the mother has a negative or uncertain history of varicella.
- Premature infants < 28 weeks gestation, or birth weight < 1000g should be considered for VZIG regardless of maternal history since they may not yet have acquired transplacental maternal antibody.
- Immunocompromised adults (i.e. bone marrow transplant recipients, on immunosuppressive agents).
- Evaluated on an individual basis: normal susceptible adults, high-risk infants (< 1 year of age), pregnant women).

CONTRAINDICATIONS:

- History of hypersensitivity to any component of the formulation
- History of anaphylaxis to administration of human immune globulins.
- Patients with known immunity to varicella-zoster virus.
- Patients with IgA deficiency.

WARNINGS:

- Immune globulin administration may impair the efficacy of live attenuated vaccine (ex. measles, mumps, rubella, and varicella). Vaccination with live viruses should be deferred until approximately 3 months after VariZIG™ administration. Patients who received VariZIG™ shortly after live virus vaccination should be revaccinated 3 months after the administration of immune globulin.

DOSE (Refer to Product Insert):

Patient Weight (kg)	Patient Weight (lbs)	Date Units
0-10	0-22	125
10.1-20	22.1-44	250
20.1-30	44.1-66	375
30.1-40	66.1-88	500
> 40	> 88	625

- Minimum dose = 125 IU, maximum dose = 625 IU

ADMINISTRATION:

Ensure patient consent has been obtained prior to requesting blood product from lab/transfusion service where possible.

Pre-Administration: Ensure recent patient weight is on file and pertinent labs are available. Perform the appropriate pre-transfusion checks per protocol.

Reconstitution Supplies:

- Vial of lyophilized VariZIG™
- Vial of sterile diluent
- Sterile plastic Luer lock syringe (large enough to hold prescribed dose)
- Blunt fill needle

Reconstitution: Reconstitution should be done shortly before use.

1. Remove caps from diluent and product vials.
2. Wipe exposed central portion of each rubber stopper with suitable disinfectant.
3. Refer to the following table for the amount of diluent to add to the lyophilized VariZIG™ vial.

Route of Administration	Volume of Diluent to be added to vial (mL)
Intravenous (IV)	2.5
Intramuscular (IM)	1.25

4. Inject diluent slowly at an angle so that the liquid is directed onto the inside glass wall of the vial containing the lyophilized VariZIG™.
5. Gently swirl vial upright until dissolved (< 10 minutes). **Do not shake. Avoid frothing.**

Administration:

- Give within 30-60 minutes of reconstitution. **DO NOT** refrigerate after reconstitution.
- IV: Flush line with 0.9% normal saline prior to administration.
  - Separate line infusion.
  - Infuse into a suitable vein over 3-5 min.
- IM: As per institutional protocol.

POTENTIAL HAZARDS WITH PARENTERAL ADMINISTRATION:

- Potential adverse events related to a blood product transfusion range in severity from minor with no sequelae to life-threatening.
- All adverse events occurring during a transfusion should be evaluated to determine whether or not the transfusion can be safely continued/restarted.
- All adverse events suspected to be related to a product transfusion (whether during or after a transfusion) should be reported to your local transfusion service.
- **The most commonly reported adverse reactions are pain at the injection site, headache, chills, fever, nausea, vomiting, arthralgia, moderate low back pain, rash.**

Side Effects - Flushing - Headache - Nausea - Itching and redness at the venipuncture site	→	**Action** Slow rate of infusion
Potential Allergic Reaction - Stuffy nose - Hives/severe itching - Cough - Chest pain - Wheezing - Facial swelling - Fainting	→	**Action** **STOP** infusion **IMMEDIATELY** and contact physician

NURSING IMPLICATIONS:

Patient Monitoring:

- Vital Signs: Pre-administration**,** and on completion of dose.

Patients receiving blood product transfusions must be observed closely for signs of any unexpected or untoward reactions. These reactions may occur during or after the infusion of blood or blood products. For follow up instructions to a transfusion reaction, click here.

Documentation:

- The transfusion tag should be double signed to indicate infusion. Document start and stop date and time of transfusion.
- Start and stop time of infusion and assessment of patient tolerability should also be documented in appropriate flow chart or clinical record (electronic or paper) as required.

STORAGE & STABILITY OF PRODUCT:

- Stored at 2-8°C.
- **Do not freeze**.

COMMENTS:
Date Effective:
Revised Date:
Next Review Date:
Approved By:

LINK to WEBSITE for PRESCRIBING INFORMATION:
http://www.cangene.com/pdf/VariZIG_approved%20PM_Jan%202008_English.pdf