



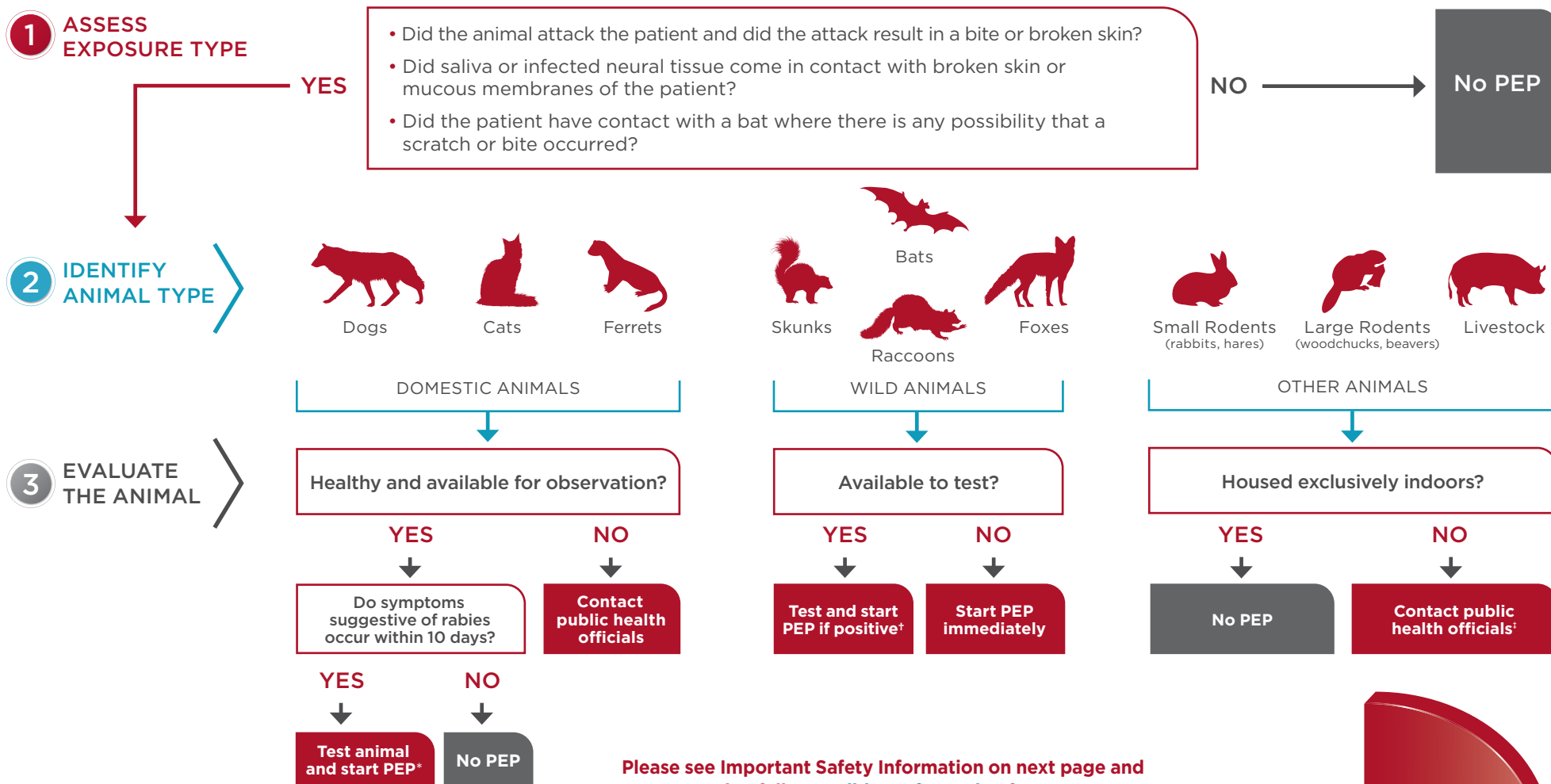
Efficiency and flexibility matter in your choice
of human rabies immune globulin (HRIG)

BE RABIES READY with HyperRAB[®]

(rabies immune globulin [human]) 300 IU/mL

A comprehensive HRIG solution designed with your
patients, healthcare team, and institution in mind.

CDC-ACIP rabies postexposure prophylaxis (PEP) guide¹



Please see Important Safety Information on next page and
accompanying full [Prescribing Information](#) for HyperRAB.

CDC-ACIP, Centers for Disease Control and Prevention-Advisory Committee on Immunization Practices; HDCV, human diploid cell vaccine; PCECV, purified chick embryo cell vaccine.

*Discontinue PEP if animal tests negative for rabies.

†PEP should be initiated as soon as possible following exposure to such wildlife unless the animal is available for testing and public health authorities are facilitating expeditious laboratory testing or it is already known that the brain material from the animal has tested negative. The animal should be euthanized and tested as soon as possible. Holding for observation is not recommended.

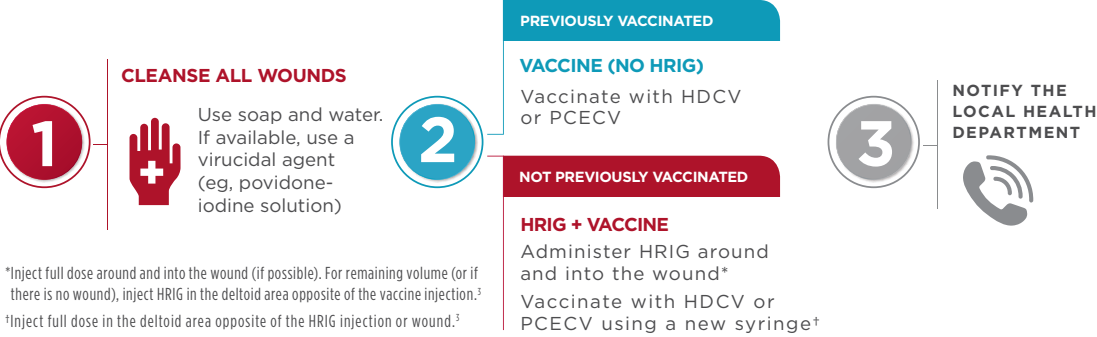
‡Typically, exposure to these animals does not require PEP.

GRIFOLS

HyperRAB[®]
Rabies Immune Globulin (Human)
300 IU/mL

#1 Prescribed HRIG in the US²

Follow the CDC guidelines³



Dosing recommendations for previously unvaccinated patients⁴

Dosing for HyperRAB® (rabies immune globulin [human]) is based on weight

- The recommended dose is 20 IU/kg (0.0665 mL/kg) of actual body weight

When a patient is exposed to rabies^{3,5,6}:

DAY 0	DAY 3	DAY 7	DAY 14
Administer HRIG and the FIRST rabies vaccine dose (1 mL IM). Antibodies start working immediately at the site of infection	Administer rabies vaccine (1 mL IM)	Administer rabies vaccine (1 mL IM), antibody production begins	Administer rabies vaccine (1 mL IM)

HRIG Dosing Recommendation

Patient Weight	lb	22	44	66	88	110	132	154	176	198	220	242	264	287	309
	kg	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Recommended Dosing (IU)		200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400	2600	2800
HyperRAB (300 IU/mL) Vials Required		1x1-mL	2x1-mL	2x1-mL	1x3-mL	1x3-mL 1x1-mL	1x3-mL 1x1-mL	1x5-mL	2x3-mL	2x3-mL	2x3-mL 1x1-mL	1x5-mL 1x3-mL	1x5-mL 1x3-mL	1x5-mL 1x3-mL 1x1-mL	2x5-mL

IMPORTANT SAFETY INFORMATION

Indication and Usage

HYPERRAB® (rabies immune globulin [human]) is indicated for postexposure prophylaxis, along with rabies vaccine, for all persons suspected of exposure to rabies.

Limitations of Use

Persons who have been previously immunized with rabies vaccine and have a confirmed adequate rabies antibody titer should receive only vaccine.

For unvaccinated persons, the combination of HYPERRAB and vaccine is recommended for both bite and nonbite exposures regardless of the time interval between exposure and initiation of postexposure prophylaxis.

Beyond 7 days (after the first vaccine dose), HYPERRAB is not indicated since an antibody response to vaccine is presumed to have occurred.

Important Safety Information

For infiltration and intramuscular use only.

Severe hypersensitivity reactions may occur with HYPERRAB. Patients with a history of prior

systemic allergic reactions to human immunoglobulin preparations are at a greater risk of developing severe hypersensitivity and anaphylactic reactions. Have epinephrine available for treatment of acute allergic symptoms, should they occur.

HYPERRAB is made from human blood and may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

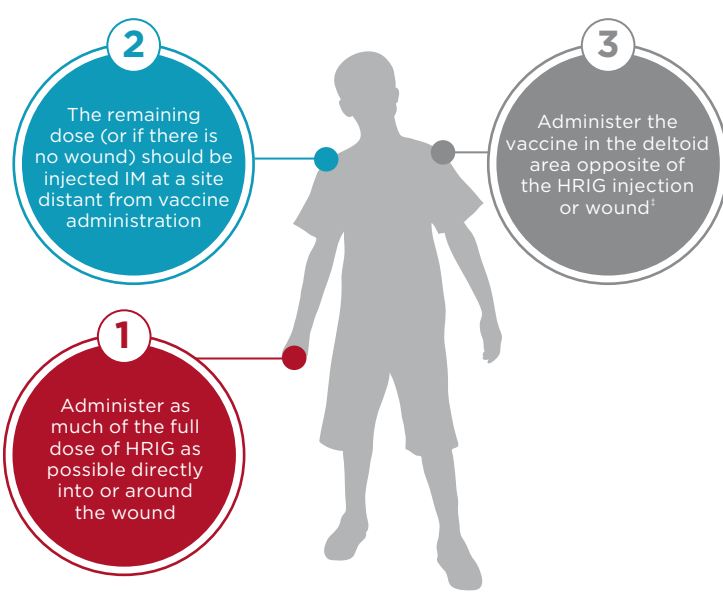
The most common adverse reactions in >5% of subjects during clinical trials were injection-site pain, headache, injection-site nodule, abdominal pain, diarrhea, flatulence, nasal congestion, and oropharyngeal pain.

Do not administer repeated doses of HYPERRAB once vaccine treatment has been initiated as this could prevent the full expression of active immunity expected from the rabies vaccine.

Other antibodies in the HYPERRAB preparation may interfere with the response to live vaccines such as measles, mumps, polio, or rubella. Defer immunization with live vaccines for 4 months after HYPERRAB administration.

Please see accompanying full [Prescribing Information](#) for HYPERRAB.

Administer HRIG and the vaccine correctly³



¹For children, the anterolateral aspect of the thigh is also acceptable.

HRIG should never be administered in the same syringe or needle or in the same anatomical site as the first vaccine dose.³ Do not inject rabies vaccine or HRIG in the gluteal area due to risk of diminished immunologic response and injury to the sciatic nerve (unless the exposure site is in the gluteal region).⁷

GRIFOLS

References: 1. Manning SE, Rupprecht CE, Fishbein D, et al; Advisory Committee on Immunization Practices. Human rabies prevention—United States, 2008. *MMWR Recomm Rep.* 2008;57(RR-3):1-28. 2. Data on file, Grifols. 3. Rupprecht CE, Briggs D, Brown CM, et al; Advisory Committee on Immunization Practices. Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies. *MMWR Recomm Rep.* 2010;59(RR-2):1-9. 4. HyperRAB® (rabies immune globulin [human]) Prescribing Information. Grifols. 5. Baxter D. Active and passive immunity, vaccine types, excipients and licensing. *Occup Med (Lond).* 2007;57(8):552-556. 6. Siegrist CA. Vaccine immunology. In: Plotkin SA, Orenstein WA, Offit PA, eds. *Vaccines*. 6th ed. Elsevier-Saunders; 2013:17-36. 7. Atkinson WL, Pickering LK, Schwartz B, Weniger BG, Iskander JK, Watson JC; Centers for Disease Control and Prevention. General recommendations on immunization. Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). *MMWR Recomm Rep.* 2002;51(RR-2):1-35.