In the United States, about 16 percent of the white population, 5 to 8 percent of the African American and Hispanic populations, and 1 to 2 percent of the Asian populations are Rh-negative.²

Prevention is with HyperRHO S/D

Intramuscular Administration Only.

HyperRHO S/D Full Dose: 1500 IU IM

For dosage calculation, see complete prescribing information.

HyperRHO S/D contains high titers of Rh(D) immune globulin antibodies. This prophylaxis protects against the potentially lethal Rh(D)-dependent Rh hemolytic disease of the newborn associated with HDN.

Immediate Protection

HyperRHO S/D holds high titers of Rh(D) immune globulin antibodies. This prophylaxis protects against the potentially lethal Rh(D)-dependent Rh hemolytic disease of the newborn associated with HDN.

According to the American College of Obstetricians and Gynecologists (ACOG), prophylactic treatment with Rh immune globulin, such as HyperRHO S/D, should prevent Rh sensitization in unconscious women.²

Studies prove that the postpartum administration of a single dose of anti-D Immune globulin, such as HyperRHO S/D, to susceptible Rh D-negative women within 72 hours of delivery reduces the alloimmunization rate by 90%.¹

Please see accompanying complete Prescribing Information inside pocket

References:

2. Queenan JT. Noninvasive fetal Rh genotyping—the time has come. Obstet Gynecol 2009;113(2 Pt 1):408-10.
5. Queenan JT. Noninvasive fetal Rh genotyping—the time has come. Obstet Gynecol 2009;113(2 Pt 1):408-10.
7. Queenan JT. Noninvasive fetal Rh genotyping—the time has come. Obstet Gynecol 2009;113(2 Pt 1):408-10.
8. Queenan JT. Noninvasive fetal Rh genotyping—the time has come. Obstet Gynecol 2009;113(2 Pt 1):408-10.
HyperRHO S/D is a prophylactic anti-D immune globulin indicated for use during pregnancy and postpartum to prevent Rh (D) sensitization and disease in women who have experienced fetal-maternal hemorrhage (FMH).

**Important Safety Information**

HyperRHO S/D is indicated for use during pregnancy and postpartum to prevent Rh (D) sensitization and disease in women who have experienced fetal-maternal hemorrhage (FMH).

**Key Points**

- **Indication:** For use during pregnancy and postpartum to prevent Rh (D) sensitization and disease in women who have experienced fetal-maternal hemorrhage (FMH).
- **Dosage:** Full dose: 1500 IU IM. Half dose: 750 IU IM. Longer series: 1500 IU IM at weeks 32-36.
- **Boxed Warning:** Severe hypersensitivity reactions have been reported with HyperRHO S/D. Reactions to Rh immune globulin are infrequent in Rh-negative women but are more common in Rh-positive women. HyperRHO S/D contains human IgG from human plasma, which may contain viruses or other infectious agents.
- **Contraindications:** HyperRHO S/D is contraindicated in patients with a history of anaphylactic reaction to Rh immune globulin or a history of IgA deficiency.
- **Warnings:** HyperRHO S/D should be administered with caution to patients with a history of anaphylactic reaction to Rh immune globulin or a history of IgA deficiency. The attending physician should be prepared to manage anaphylaxis.
- **Precautions:** HyperRHO S/D should be administered with caution to patients with a history of anaphylactic reaction to Rh immune globulin or a history of IgA deficiency. The attending physician should be prepared to manage anaphylaxis.

**Administration and Dosage**

- **Antenatal Prophylaxis:**
  - For Rh-negative mothers, 1500 IU IM at 28 weeks’ gestation optimizes protection and reduces the potentially life-threatening risk of HDFN.
  - For Rh-positive mothers, 1500 IU IM at 28 weeks’ gestation reduces the risk of HDFN.
  - If >15 mL of FMH is suspected following miscarriage, abortion, or termination of ectopic pregnancy, another 1500 IU dose should be given at 26-28 weeks’ gestation.

- **Postpartum Prophylaxis:**
  - If the Rh (D) antibody test is positive, hyperimmune Rh (D) globulin should be given within 72 hours of delivery, followed by three monthly doses of 1500 IU IM.

- **Immunization of Rh-Positive Neonates:**
  - The immune status of the neonate should be determined by the direct antiglobulin test (DAT) or serum antibody test.

**Adverse Reactions**

- Severe anaphylaxis can occur in Rh-negative women with a history of prior Rh immune globulin reaction.
- Reactions to Rh immune globulin increase with repeated doses.
- There is potential for repeated injections of human immunoglobulin to cause disease.
- HyperRHO S/D contains human IgG from human plasma, which may contain viruses or other infectious agents.

**Reimbursement Support**

HyperRHO S/D is covered by most commercial and government payers. Please consult with your managed care representative for additional information concerning HyperRHO S/D.