

## POLICY & PRACTICE

### Labor Dept. Proposes FMLA Changes

Just in time for the 15th anniversary of the Family and Medical Leave Act (FMLA), the Bush administration issued a notice of proposed rulemaking that contains changes to the definition of a "serious health condition" and would allow employers to directly contact physicians to clarify FMLA claims. The law currently defines a serious health condition as requiring more than 3 consecutive calendar days of incapacity plus two visits to a health care provider. Under the proposal, the two visits would need to occur within 30

days of the period of incapacity. The proposed rule would also allow employers to directly contact health care providers to clarify a medical certification, provided that they met the requirements of HIPAA medical privacy regulations. The proposal also implements provisions of the National Defense Authorization Act of 2008, which provides for up to 26 weeks of leave to care for a service member recovering from a serious illness or injury and up to 12 weeks of leave in certain circumstances when a family member is on active military duty.

### ACOG Opposes Home Births

With direct-entry midwives seeking licensing to attend home births in various states around the country, the American College of Obstetricians and Gynecologists has reaffirmed its longstanding opposition to home births. The safest location for labor, delivery, and the immediate postpartum period is in a hospital or birthing center, according to the ACOG statement. Further, the college supports the provision of care only by midwives who have been certified by either the American College of Nurse-Midwives or the American Midwifery Certification Board. Decisions on where to give birth

should not be influenced by trends or what is fashionable, ACOG warned. "Unless a woman is in a hospital, an accredited freestanding birthing center, or a birthing center within a hospital complex, with physicians ready to intervene quickly, she puts herself and her baby's health and life at unnecessary risk," ACOG said in the statement.

### Family Planning Budget at \$300M

The Bush administration is seeking \$300 million in Title X family planning funding for fiscal year 2009, the same level approved by Congress for fiscal year 2008. The budget request, which is now in the hands of Congress, fails to keep up with rising medical costs and the growing demand for services, reproductive rights advocates said. With 17 million women in need of publicly funded family planning services, the Title X budget should be increased by at least \$100 million in FY 2009, according to the Planned Parenthood Federation of America. "Had Title X funding kept pace with medical inflation since FY 1980, last year it would have been funded at more than \$725 million," Mary Jane Gallagher, president and CEO of the National Family Planning and Reproductive Health Association, said in a statement.

### Ensuring Mifepristone Safety

Following reports of tainted leukemia drugs being produced by the China-based company Shanghai Pharmaceutical Group, the Food and Drug Administration is being asked to account for the safety of another one of the company's products—mifepristone. Rep. Henry Waxman (D-Calif.), chairman of the House Committee on Oversight and Government Reform, and the Planned Parenthood Federation of America are both calling on the FDA to share its plans for ensuring the safety of mifepristone. In a letter to the FDA, Rep. Waxman requested a briefing from the agency on the status of all inspections performed by the FDA at facilities owned by the Shanghai Pharmaceutical Group that manufacture drugs intended for export to the United States. Mifepristone is not manufactured at the same facility as the tainted drugs, and the mifepristone facility passed inspection by the FDA in May 2007, according to an FDA spokesman. The agency is considering whether follow-up inspections are necessary, the spokesman said.

### Top 10 Ailments Cost \$500B in 2005

The nation's 10 most expensive medical conditions cost about \$500 billion to treat in 2005, according to the Agency for Healthcare Research and Quality. Heart disease topped the list at \$76 billion, with trauma second at \$72 billion and cancer third at \$70 billion. Mental illness, including depression, cost \$56 billion, and asthma and chronic obstructive pulmonary disease cost \$54 billion. Hypertension cost \$42 billion to treat, type 2 diabetes cost \$34 billion, and osteoarthritis/joint diseases also cost \$34 billion. Back problems and normal childbirth rounded out the list at \$32 billion each. The agency counted money spent on office visits, clinic and emergency department use, hospital stays, home health care, and prescription medicines.

—Mary Ellen Schneider

### Rh<sub>0</sub>(D) Immune Globulin (Human)

**RhoGAM® Ultra-Filtered PLUS (300 µg) (1500 IU)**

**MICRhoGAM® Ultra-Filtered PLUS (50 µg) (250 IU)**

#### Rx Only

#### For Intramuscular Injection Only

Prefilled syringes, preservative-free (thimerosal free), latex-free delivery system

#### INDICATIONS AND USAGE

##### Pregnancy and other obstetrical conditions

For administration to Rh-negative women not previously sensitized to the Rh<sub>0</sub>(D) factor, unless the father or baby are conclusively Rh-negative.

- Delivery of an Rh-positive baby irrespective of the ABO groups of the mother and baby
- Antepartum prophylaxis at 26 to 28 weeks gestation
- Antepartum fetal-maternal hemorrhage (suspected or proven) as a result of placenta previa, amniocentesis, chorionic villus sampling, percutaneous umbilical blood sampling, other obstetrical manipulative procedure (e.g., version) or abdominal trauma
- Actual or threatened pregnancy loss at any stage of gestation
- Ectopic pregnancy

To maintain an adequate level of anti-D, RhoGAM should be administered every 12 weeks. If delivery of the baby does not occur 12 weeks after the administration of the standard antepartum dose (at 26 to 28 weeks), a second dose is recommended to maximize protection antepartum.

##### Transfusion of Rh-incompatible blood or blood products

- Prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products (e.g., red blood cells, platelet concentrates, granulocyte concentrates)

#### CONTRAINDICATIONS

- The use of RhoGAM and MICRhoGAM is contraindicated in Rh-positive individuals.

#### DOSAGE AND ADMINISTRATION

For intramuscular use only, do not administer intravenously.

##### Pregnancy and other obstetrical conditions

- RhoGAM (300 µg) (1500 IU)
  - Postpartum — if the newborn is Rh-positive. Administer within 72 hours of delivery.
  - Antepartum —
    - Prophylaxis at 26–28 weeks gestation.
    - At or beyond thirteen weeks gestation: administer within 72 hours when suspected or proven exposure to Rh-positive red blood cells occurs resulting from invasive procedures, abdominal trauma or obstetrical manipulation, ectopic pregnancy, pregnancy termination or threatened termination.

Administer every 12 weeks starting from first injection to maintain a level of passively acquired anti-D. If delivery occurs within three weeks after the last antepartum dose, the postpartum dose may be withheld, but a test for fetal-maternal hemorrhage should be performed to determine if exposure to >15 mL of red blood cells has occurred.

##### MICRhoGAM (50 µg) (250 IU)

- Administer within 72 hours of actual or threatened termination of pregnancy (spontaneous or induced) up to and including 12 weeks gestation.

##### Transfusion of Rh-incompatible blood or blood products

Administer within 72 hours.

- RhoGAM (300 µg) (1500 IU)
  - 2.5–15.0 mL Rh-positive red blood cells
  - >15.0 mL Rh-positive red blood cells (multiple syringes)

##### MICRhoGAM (50 µg) (250 IU)

- <2.5 mL Rh-positive red blood cells

#### WARNINGS AND PRECAUTIONS

##### Warnings

- For intramuscular use only, do not inject intravenously.
- In the case of postpartum use, the product is intended for maternal administration.
- Do not inject the newborn infant.
- Patients should be observed for at least 20 minutes after administration.
- Administer with caution to patients who have had prior severe systemic allergic reactions to human immune globulin.
- RhoGAM / MICRhoGAM contain a small quantity of IgA. There is a potential risk of hypersensitivity in IgA deficient individuals.
- Patients treated for Rh-incompatible transfusion should be monitored by clinical and laboratory means for signs and symptoms of a hemolytic reaction.
- Store at 2 to 8°C. Do not store frozen.
- Do not use after the expiration date printed on the syringe.

Parenteral drug products should be inspected visually for particulate matter, discoloration and syringe damage prior to administration. Do not use if particulate matter and / or discoloration are observed. The solution should appear clear or slightly opalescent.

#### Use of Plasma Derived Products

RhoGAM and MICRhoGAM are made from human plasma and may carry a risk of transmitting infectious agents, e.g., viruses, and theoretically the Creutzfeldt-Jakob disease (CJD) agent. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, by testing plasma for the presence of certain current virus infections and by using pathogen removal and inactivation techniques during the manufacturing process. All of the above steps are designed to increase product safety by reducing the risk of pathogen transmission.

Despite these measures, such products can still potentially transmit disease. There is also the possibility that unknown infectious agents may be present in such products. All infections thought by a physician possibly to have been transmitted by these products should be reported by the physician or other healthcare provider in the United States to Ortho-Clinical Diagnostics, Inc. at 1-800-421-3311. Outside the United States, the company distributing these products should be contacted. The physician should discuss the risks and benefits of these products with the patient.

#### ADVERSE REACTIONS

Adverse events (AE) after administration of RhoGAM and MICRhoGAM are rare.

The most frequently reported AEs are anti-D formation and injection site reactions, such as swelling, induration, redness and mild pain or warmth. Possible systemic reactions are skin rash, body aches or a slight elevation in temperature. Severe systemic allergic reactions are extremely rare. Patients should be observed for at least 20 minutes after administration. There have been no reported fatalities due to anaphylaxis or any other cause related to RhoGAM or MICRhoGAM administration.

As with any Rh<sub>0</sub>(D) Immune Globulin (Human), administration to patients who are Rh-positive or have received Rh-positive red blood cells may result in signs and symptoms of a hemolytic reaction, including fever, back pain, nausea and vomiting, hypo- or hypertension, hemoglobinuria/emia, elevated bilirubin and creatinine and decreased haptoglobin.

RhoGAM and MICRhoGAM contain a small quantity of IgA (less than 15 µg per dose). Although high doses of intravenous immune globulin containing IgA at levels of 270–720 µg/mL have been given without incident during treatment of patients with high-titered antibodies to IgA, the attending physician must weigh the benefit against the potential risks of hypersensitivity reactions.

#### DRUG INTERACTIONS

Immune globulin preparations including Rh<sub>0</sub>(D) Immune Globulin (Human) may impair the efficacy of live vaccines such as measles, mumps and varicella. Administration of live vaccines should generally be delayed until 12 weeks after the final dose of immune globulin. If an immune globulin is administered within 14 days after administration of a live vaccine, the immune response to the vaccination may be inhibited.

Because of the importance of rubella immunity among women of childbearing age, the postpartum vaccination of rubella-susceptible women with rubella or MMR vaccine should not be delayed because of the receipt of Rh<sub>0</sub>(D) Immune Globulin (Human) during the last trimester of pregnancy or at delivery. Vaccination should occur immediately after delivery and if possible, testing should be performed after 3 or more months to ensure immunity to rubella and if necessary, to measles.

#### USE IN SPECIFIC POPULATIONS

##### Pregnancy Category C

Animal reproduction studies have not been conducted with RhoGAM or MICRhoGAM. The available evidence suggests that Rho(D) Immune Globulin (Human) does not harm the fetus or affect future pregnancies or the reproduction capacity of the maternal recipient.

##### Rh Blood Type

RhoGAM or MICRhoGAM Rho(D) Immune Globulin (Human) should only be administered to Rh-negative patients exposed or potentially exposed to Rh-positive red blood cells to prevent Rh immunization.

#### OVERDOSAGE

Repeated administration or increased dosage in Rh-negative individuals should not cause more severe or more frequent adverse reactions than the normal dose. Patients who receive RhoGAM or MICRhoGAM for Rh-incompatible transfusion should be monitored by clinical and laboratory means due to the risk of a hemolytic reaction.

#### DESCRIPTION

RhoGAM and MICRhoGAM Rh<sub>0</sub>(D) Immune Globulin (Human) are sterile solutions containing immunoglobulin G (IgG) anti-D (anti-Rh) for use in preventing Rh immunization. They are manufactured from human plasma containing anti-D. A single dose of RhoGAM contains sufficient anti-D (300 µg or 1500 IU) to suppress the immune response to up to 15 mL of Rh-positive red blood cells. A single dose of MICRhoGAM contains sufficient anti-D (50 µg or 250 IU) to suppress the immune response to up to 2.5 mL of Rh-positive red blood cells.

The final product contains 5 ± 1% IgG, 2.9 mg/mL sodium chloride, 0.01% Polysorbate 80 (non-animal derived) and 15 mg/mL glycine. Small amounts of IgA, typically less than 15 µg per dose, are present. The pH range is 6.20–6.55 and IgG purity is ≥ 98%. The product contains no added human serum albumin (HSA), no thimerosal or other preservatives and utilizes a latex-free delivery system.

#### CLINICAL PHARMACOLOGY

RhoGAM and MICRhoGAM act by suppressing the immune response of Rh-negative individuals to Rh-positive red blood cells. The mechanism of action is unknown. RhoGAM, MICRhoGAM and other Rh<sub>0</sub>(D) Immune Globulin (Human) products are not effective in altering the course or consequences of Rh immunization once it has occurred.

NOTE: For complete prescribing information, see package insert.

U.S. LICENSE 1238  
 Ortho-Clinical Diagnostics, Inc.  
 a Johnson & Johnson company  
 Raritan, New Jersey 08869

© Ortho-Clinical Diagnostics 2007  
 OG-639/v 07/07