Platelet destruction: Important pathogenic component of ITP

Antibodies target platelet glycoproteins leading to platelet phagocytosis and ultimately thrombocytopenia.

Platelet destruction:

- **WinRho SDF** contains anti-D antibodies that coat the circulating red blood cells (RBCs) at D-antigenic sites.
- The anti-D–RBC complexes then saturate the Fc receptor sites on macrophages, primarily in the spleen.
- The anti-D–RBC complexes are preferentially destroyed by the macrophages.
- The antibody-coated platelets are spared at the expense of a relatively few number of RBCs.

Some decline in hemoglobin is to be expected based on the postulated mechanism of action.

Pooled data from ITP clinical studies demonstrated a maximum decrease from baseline in hemoglobin levels of 1.2 g/dL within 7 days after administration of WinRho SDF.

Dosing:

- IgA deficient patients with antibodies to IgA and a history of hypersensitivity.
- IVH can lead to clinically compromising anemia and multi-system organ failure including DIC have also been reported.
- Intravascular hemolysis (IVH) leading to death has been reported in patients treated with WinRho SDF for immune thrombocytopenic purpura (ITP).
- WinRho SDF Liquid is Bioequivalent to WinRho SDF Lyophilized.
- May be administered as 2 divided doses given on separate days, if desired.
- The pooled data from ITP clinical studies demonstrated a maximum decrease from baseline in hemoglobin levels of 1.2 g/dL within 7 days after administration of WinRho SDF.
- For patients with Hgb < 10 g/dL, the mean maximum decrease in hemoglobin was 1.70 g/dL (range: +0.40 to -6.1 g/dL). At a reduced dose, ranging from 125 to 200 IU/kg (25 to 40 μg/kg), the mean maximum decrease in hemoglobin was 0.81 g/dL (range: +0.65 to -1.9 g/dL). Only 5/137 (3.7%) of patients had a maximum decrease in hemoglobin of greater than or equal to 2 g/dL.
- It is critical to remember that laboratory tests should be performed including plasma hemoglobin, haptoglobin, LDH, and plasma lactate dehydrogenase counts, hemoglobin, and reticulocyte levels.
- If symptoms or signs of IVH are present or suspected after WinRho SDF administration, post-treatment laboratory tests should be performed including plasma hemoglobin, haptoglobin, LDH, and plasma lactate dehydrogenase counts, hemoglobin, and reticulocyte levels.
- Absence of these signs and/or laboratory evidence of IVH is an indication of successful treatment.

- General adverse reactions associated with the use of WinRho SDF include body weakness, abdominal or back pain, low blood pressure, paleness, diarrhea, abnormal blood work, joint pain, muscle pain, dizziness, rash, sweating, fever, chills, headache, and slurred speech.

- Following IGIV treatment, noncardiogenic pulmonary edema [Transfusion-related Acute Lung Injury (TRALI)] may occur in patients treated with WinRho SDF.
- Acute renal dysfunction/failure, osmotic nephropathy, and death may occur upon use of Immune Globulin products. The mechanism of action is not fully understood.
**Dosing For Intravenous Use Only**

The entire dose of WinRho® SDF may be injected into a suitable vein over 3 to 5 minutes.

WinRho® SDF should be administered separately from other drugs.

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**Initial Dose**

- **250 IU/kg (50 µg/kg) as a single dose**

- If a patient responded to initial dose with a satisfactory increase in platelet count:
  - Maintenance therapy dosing (125 to 300 IU/kg for 25 to 60 µg/kg) individualized based on platelet and hemoglobin levels.

- If a patient did not respond to initial dose, administer a subsequent dose based on:
  - If between 8 to 10 g/dL, reduce dose to 125 to 200 IU/kg (25 to 40 µg/kg).
  - If >10 g/dL, reduce dose to 250 IU/kg (50 µg/kg).
  - If <8 g/dL, additional treatments should be used.

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**For patients with high (>5 g/dL) reticulocyte count**

- A reduced dose of 125 to 200 IU/kg (25 to 40 µg/kg) is recommended.

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For platelet count increases, but also no high decrease after the initial dose, consider re-treatment on day 7. If the patient is treated 2 consecutive weeks and dose not achieve a platelet increase, the patient is probably unresponsive and alternative therapies should be considered.

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**Safety and Efficacy of WinRho®**

The safety and efficacy of WinRho® SDF have been evaluated in clinical trials. The formulation is made from human plasma. It may carry a risk of transmitting infectious agents, particularly retroviruses and hepatitis B and C viruses.

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**WinRho® SDF Liquid is Bioequivalent to WinRho® SDF Lyophilized**

WinRho® SDF Lyophilized is bioequivalent to WinRho® SDF Liquid, as determined by clinical and nonclinical studies. WinRho® SDF Liquid is recommended for use in the treatment of immune thrombocytopenia in patients who have not been evaluated in clinical trials for patients with non-ITP causes of thrombocytopenia or in previously splenectomized patients or in patients who are Rho(D)-negative.

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**IMPORTANT RISK INFORMATION**

**WARNING: INTRAVASCULAR HEMOLYSIS (IVH)**

- Intravascular hemolysis (IVH) leading to death has been reported in patients treated with WinRho® SDF at recommended doses (see tables). IVH is characterized by rapid reduction of hemoglobin and increases in bilirubin and unconjugated bilirubin.

- IVH can lead to clinically compromising anemia and multi-system organ failure including hypotension, hypotension, renal failure, and death.

- Patients with autoimmune hemolytic anemia, with pre-existing hemolysis or at high risk for hemolysis, or Rho(D)-negative should not be treated with WinRho® SDF.

- IVH can lead to death.

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**REFERENCES**


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**Treat ITP with a Mechanism of Action for Platelet Protection**

- **Platelet Destruction: Important pathogenic component of ITP**
- **Platelet Protection with WinRho® SDF (P.R.O.T.E.C.T.™)**
- **WinRho® SDF Liquid is the only IgM anti-D product**
- **WinRho® SDF contains anti-D antibodies that coat the surface of platelets**
- **Anti-D–RBC complexes preferentially destroy Fc receptor sites on macrophages, primarily in the spleen**
- **The antibody-coated platelets are spared at the expense of a relatively few number of RBCs**

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**Please see enclosed WinRho® SDF Prescribing Information for full prescribing details.**