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**Pharmacokinetics (PK) of Human Immunoglobulin 10% Administered Subcutaneously Alone or Following Recombinant Human Hyaluronidase (rHuPH20) in Primary Immunodeficiency Disease (PID) Patients**

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*Abstract:*

**RATIONALE:** Intravenous (IV) and subcutaneous (SC) routes of immunoglobulin (IG) administration have both advantages and disadvantages. One disadvantage of IGSC therapy is decreased bioavailability compared to IGIV. rHuPH20 is a permeation enhancer that increases systemic absorption of SC infused fluids. This is an interim analysis of Phase 3 study that evaluated PK parameters of 10% IGSC, injected with or without rHuPH20, to assess whether rHuPH20 improves IGSC bioavailability in PID patients.

**METHODS:** PK parameters of IGSC were evaluated in a subset of nine patients with PID ≥12 years of age who received IVIG every 3-4 weeks, weekly IGSC without rHuPH20, and IGSC every 3-4 weeks with rHuPH20 (75 U/g IgG). IGSC doses were adjusted to ensure equivalent systemic IgG exposure to IV administration.

**RESULTS:** The median area under the curve (AUC) was 110 g.days/L for IV, 107 g.days/L for SC treatment without rHuPH20, and 103 g\*days/L for SC treatment with rHuPH20. The median IGSC dose required to obtain equivalent bioavailability when administered with rHuPH20 was 107% (95% CI: 104-134%) of the IV dose, compared to 138% (95% CI: 127-146%) for IGSC without rHuPH20. The dose of IgG per 4 weeks was 488 mg/kg for IGIV, 668 mg/kg for IGSC alone, and 538 mg/kg for IGSC with rHuPH20. Median IgG trough levels of IGSC with rHuPH20 at the same 3- or 4-week interval were 1230 mg/dL versus 1290 mg/dL for IV.

**CONCLUSIONS:** rHuPH20 facilitated IGSC administration at the same intervals as IV, resulting in similar bioavailability at a lower dose compared to IGSC alone.

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