

# Use of the MOHLTC IG Request Form

## **\*ALL requests for IG must be submitted using the appropriate MOHLTC IG Request Form:**

Use the **Neurology form** for IG requests for neurology requests only.

Use the **Non-neurology form** for all non-neurology requests for IG.

\*This includes initial or renewal requests for all patients whether for induction or maintenance therapy with either IVIG or SCIG.

**Duration of Approval.** When a request for an Approved medical condition includes multiple infusions of IG (e.g. a course of treatment rather than a single infusion), completing the form once is sufficient until:

- Dose is modified, or
- Six months have elapsed since the initial treatment, or
- Twelve months have elapsed for renewal requests.

**Duration of Approval for Unapproved Medical Conditions.** If a request for an Unapproved medical condition is approved, IG will be provided for up to a maximum trial period of three months. A reassessment should be done to confirm IG treatment continues to be effective and that minimum effective dose is being applied.

**URGENT Requests.** IG will always be provided in life-threatening situations, the appropriate request form to be completed when time allows.

**Completing the Form** (Complete all requested information and print clearly to avoid delays in access to IG)

*Ordering Physician (or Designate)* is responsible for completing the MOHLTC IG Request Form and submitting it to their TML.

- Complete all requested physician, patient and hospital information.
- Complete to indicate if request is for SCIG or IVIG.
- Complete to indicate the medical condition for which IG is being requested. Check 'Other' if the medical condition does not appear on the list of approved conditions. **Please refer to the Ontario IG Guidelines for additional conditions for which IG may be appropriate.** If applicable, include information to confirm diagnosis and describe treatment to date to explain/support the need for IG.
- Complete to indicate dose and duration of IG treatment. Dose must be adjusted for obese patients (i.e., BMI  $\geq$  30). Hospitals that do not adopt the Dose Calculator tool are required to use an alternative strategy for adjusting dose for obese patients. Consider adjusting dose for overweight patients to ensure minimum effective dose is being applied. For other patients, the Dose Calculator may be used to verify dose calculations. Use actual body weight to calculate dose for both adult and pediatric patients less than 5 feet in height. Requests for dose/duration greater than what is recommended in the Ontario Guidelines will be sent for review by the approving physician (or designate).

*HealthCare Professional receiving the request* (e.g. Laboratory technologist, pharmacy personnel)

- Verify that the clinical indication coincides with one of the clinical indications listed. If not refer to 4 below.
- Verify the dose requested using the dose calculator if appropriate.
- Doses that require adjustment must be confirmed with the treating physician and documented on the bottom of the form.
- Requests listing 'Other' as the clinical indication or requesting a dose that is greater than what is recommended in the Ontario Guidelines should be referred to an approving physician for screening.

*Approving Physician or Designate*

- Screening of all IG requests for clinical indications listed under 'Other' or those with a dose greater than recommended in the Ontario Guidelines is required.
- Document whether the request is approved or denied using the shaded area at the bottom of the request form including a signature, date and checking the appropriate box.

### **Hemolytic reactions due to anti-A and/or anti-B in IVIG have been noted.**

Patients should be monitored for signs of hemolysis. CBC, blood group and antibody screen should be ordered prior to initial infusion. In Group A, B or AB patients, within 1 week of initial infusion the following tests are recommended: CBC, direct antiglobulin test (DAT), total and direct bilirubin, reticulocyte count, LDH, and haptoglobin.

**Refer to the Adverse Reaction Chart for IVIG Infusion for more information.**