

IVIG Utilization Management Guidelines and IVIG Strategy

On November 11, 2009, physicians in charge of Blood Transfusion Services and contact personnel in Transfusion Medicine Laboratories (TML) received Version 1.0 of the Ontario Intravenous Immune Globulin Utilization Management Guidelines. The Ministry of Health and Long-term Care acknowledged that work and on April 1, 2012 launched an IVIG strategy. Part of the strategy was to formally endorse the Ontario IVIG Utilization Management Guidelines. Version 4.0 of these guidelines accompany this document.

A document titled "Ontario Intravenous Immune Globulin Strategy Update" is also included to describe the update to the overall strategy and the place the guidelines hold within that strategy. This summary of guidelines and information on IVIG utilization has been prepared specifically for use in Ontario. The guidelines document provides clinicians with updated information about the common and clinically appropriate uses of Immune Globulin. In 2015 working groups from each medical specialty updated the guidelines which were subsequently endorsed by their associations before approval by the Ontario IG Advisory Panel. **It is critically important that physicians in each hospital are aware of this information.**

Recommendations on Maximum Dose of IVIG

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For the following clinical indications that appear on the Ontario IVIG Utilization Management Guidelines under 'IVIG is recommended', **the maximum dose is 2 g/kg per treatment course**, as quoted in the Feasby et al article listed below:

- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Idiopathic Inflammatory Myopathy (IIM)

For the following clinical indications that appear on the Ontario IVIG Utilization Management Guidelines under "IVIG is recommended as an Option for treatment", **the maximum dose is 2 g/kg per treatment course***, as quoted in the Feasby et al article listed below:

- Lambert-Eaton Myasthenic Syndrome
- Stiff Person Syndrome

*except in rare circumstances like some cases of TENS (Dermatology)

Source of Maximum Dose Recommendations:

Feasby T et al. Guidelines on the use of intravenous immune globulin for neurologic conditions Transfusion Medicine Reviews 2007(April); 21(1, Suppl 1):S57-S107.

Communication of the guidelines documents:

Electronic copies can be downloaded from:

<http://transfusionontario.org/en/download/ontario-ig-utilization-management-guidelines/>

Disclaimer

The Ontario IVIG Utilization Management Guidelines are not intended to replace sound clinical judgment concerning a patient's unique situation. Furthermore, although the advice and information included in these guidelines is believed to be true and accurate at the time of publication, neither the authors nor the publishers can accept any legal responsibility for any errors or omissions that were made.

Ontario IG Utilization Management Strategy Update

Provincial Agencies Trillium Gift of Life Network, Blood and Specialized
Programs

Ministry of Health and Long -Term Care

January 31, 2018

IG Utilization Management Strategy Update

Background

The Ontario Ministry of Health and Long-Term Care (MOHLTC) developed its first Ontario IG Utilization Management Strategy in 2012 and it was updated in 2015. The following items reflect the core requirements from these strategies that are still valid in mitigating unsustainable increases in IG utilization.

Scope

The IG Utilization Management Strategy applies to all hospitals where IG is dispensed by either a transfusion service or pharmacy. Physicians and practitioners who order IG must be made aware of and adhere to these directives.

Strategy

1. Adherence to Ontario IG Utilization Management Guidelines. The clinical indication, dose, frequency and duration of therapy must be in accordance with the Ontario IG Utilization Management Guidelines. The Guidelines are located in the IG Toolkit available at <http://transfusionontario.org/en/download/immune-globulin-toolkit-for-ontario/>
2. Implementation of the MOHLTC IG Request Form. All new requests for IG must be submitted using the MOHLTC Form. A record of the completed forms must be retained for five (5) years to permit spot audits. The record can be either paper, microfilm or electronic.
3. Review/Approval for Indications NOT Listed on Request Form. IG ordered for clinical indications not approved in the guidelines will be subject to screening at the hospital level. A physician appointed to serve as the approving physician, or their designate, must sign the form. NOTE: in the case of a life-threatening situation, the request for IG will be filled immediately.
4. Dosing Through “Adjusted Body Weight” Calculation. Ideal dosing reduces both the demand for IG and adverse events like hemolysis. Hospitals may elect to use the dose calculator for all patients to confirm the accuracy of the requested dose, but it must be used for all obese patients. The dose calculator and BMI tool can be found on : <http://transfusionontario.org/en/download/bmi-dose-calculator/>
5. Evaluating Clinical Outcomes and Need for Reassessment. For patients being treated regularly over a period of time, a mechanism to evaluate clinical impact must be established. A patient must be evaluated 6 months after the initial

prescription and every 12 months after that. A new MOHLTC request form must be completed initially and for each reassessment, especially for patients on long term therapy. The target shall be to prescribe the minimum effective dose.

6. No Outdating of Product. There must be no expiry of IG. Canadian Blood Services does not accept returns, but the Ontario Regional Blood Coordinating Network (ORBCoN) will assist you in the redistribution of this expensive product to another hospital that will use it before it expires.
7. Use for both IVIG and SCIG. The MOHLTC request form is to be used for both IVIG and SCIG requests.

In the Future

The MOHLTC is currently exploring alternate funding models with an expert working group. A letter was sent to patient groups and LHIN CEOs on September 29, 2017 informing them of this initiative. Depending on the solutions developed by this group, there may be upcoming changes to the IG ordering process at Ontario hospitals. The MOHLTC in conjunction with ORBCoN will keep hospitals apprised of any changes.

