Regional Pre-Printed Orders for
INTRAVENOUS IMMUNE GLOBULIN (IVIg)

DRUG & FOOD ALLERGIES

- Mandatory
- Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

- Weight ________ kg
- Height ________ cm

REQUIREMENTS:
- Informed consent complete and placed in patient record
- All requests for IVIg are:
  - Screened in accordance with the BC Immune Globulin Utilization Management Program
  - Subject to review by the Provincial Blood Coordinating Office

REQUEST TYPE:
- Initial Request: maximum 3 month approval if condition is not listed below as an approved clinical indication
- Renewal Request: maximum 12 month approval

APPROVED INDICATION: (Select one if applicable. Refer to back of page 1 for more information.)

Immunology:
- Primary immune deficiency (PID) Immune Globulin G (IgG) level: _______ g/L
- Date: __________________

For secondary immune deficiency (SID), please fill out the SID New Request (DRDO107672) or SID Renewal Request (DRDO107673)

Hematology:
- Fetal neonatal alloimmune thrombocytopenia (F/NAIT)
- Hemolytic disease of the newborn (HDN)
- Immune thrombocytopenia (ITP): Platelet Count: ______

Infectious Diseases:
- Staphylococcal toxic shock
- Invasive Group A streptococcal fasciitis with associated toxic shock
- Measles post-exposure prophylaxis

Neurology:
- Guillain-Barre syndrome (GBS), including Miller-Fisher syndrome and other variants
- Chronic inflammatory demyelinating polyneuropathy (CIDP)
- Multifocal motor neuropathy (MMN)
- Myasthenia gravis (MG)

Dermatology:
- Pemphigus vulgaris

Rheumatology:
- Juvenile dermatomyositis (JD)
- Kawasaki disease (KD)
- Adult rheumatology diagnosis (please specify): __________________________

OTHER INDICATION: Review required for approval. Attach supporting documentation (e.g. consult note). If approved, initial request will be limited to 3 months. Further renewal requires documentation of effectiveness.

- Diagnosis: __________________________

IVIg DOSE REQUEST: (Approved dosing regimen listed on the back of page 1)

- Induction/Single Treatment
  - Dose: _______ g/kg = total dose of _______ g divided over ______ day(s)

- Maintenance Treatment
  - Dose: _______ g/kg = total dose of _______ g divided over ______ day(s) every ______ weeks for ______ cycles

Note: Requests will automatically be dose adjusted by the Transfusion Medicine Laboratory.

IVIg INFUSION RATE:
- IVIg infusion rate tables (available on the Pulse) will be used

Note: IVIg brand will be selected based on availability and/or at the discretion of the transfusion medicine physician. Brand specific requests will require approval by the transfusion medicine physician.
### Regional Pre-Printed Orders for INTRAVENOUS IMMUNE GLOBULIN (IVIg)

**The IVIg Utilization Management Program is a provincial program that incorporates the BC Ministry of Health Immune Globulin Utilization Management Directives to ensure enough IVIg is available for patients likely to benefit from the treatment. Directives include:**

1. A definite diagnosis must be established.
2. Dose with the adjusted body weight calculator
3. IgG levels must be assessed to ensure optimal dosing in PID/SID.
4. There must be regular clinical outcome assessment

<table>
<thead>
<tr>
<th>Approved Medical Conditions</th>
<th>Dose and Duration</th>
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<td><strong>Immunology</strong></td>
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| Primary and secondary immune deficiency conditions (PID and SID) | PID: Adult: 0.2 to 0.6 g/kg every 3 to 4 weeks  
Pediatric: 0.4 to 0.6 g/kg every 3 to 4 weeks  
SID: Adult: 0.4 to 0.6 g/kg every 3 to 4 weeks  
Pediatric: 0.3 to 0.6 g/kg every 4 weeks |
| **Hematology**              |                   |
| Fetal-Neonatal alloimmune thrombocytopenia (FNAI) | Maternal: 1 to 2 g/kg weekly, depending on gestational age and whether risk for complications of NAIT is standard or high  
Neonate: 1g/kg (see FH NICU Blood Component/Product PPO) |
| Hemolytic disease of the newborn (HDN) | Indicated only in HDN infants with severe hyperbilirubinemia  
One dose of 0.8 to 1 g/kg, with a second dose within 48 hours if the platelet count has not increased to above 20 x 10^9/L or clinically significant bleeding persisting requires a higher platelet count |
| Immune thrombocytopenia (ITP) | Pediatric acute ITP: IVIg may be considered initial therapy if the platelet count is less than 20 x 10^9/L. Consultation with a pediatric hematologist is advised. IVIg is not indicated if only mild bleeding (petechiae, bruises, etc.).  
Adult acute ITP: No treatment is required if the platelet count greater than 20 x 10^9/L and there is no active bleeding. For major or life-threatening bleeding and/or clinically important mucocutaneous bleeding, IVIg is recommended as part of multimodality therapy for major or life-threatening bleeding |
| Infectious Diseases | Staphylococcal toxic shock or invasive Group A streptococcal fasciitis with toxic shock | 1 g/kg on day one  
0.5 g/kg per day over days two through three, or 0.15 g/kg per day over 5 days |
| Neurology | Guillain-Barre syndrome (GBS), including Miller-Fisher syndrome and other variants | Adult: 2 g/kg over 2 to 5 days  
Pediatric: 2 g/kg over 2 to 5 days |
| Rheumatology | IVIg use for patients over 18 years of age must be approved by the Provincial Rheumatology Panel. On-call support and information available at pbco.ca |
| Dermatology | Pemphigus vulgaris | 2 g/kg over 5 days |
| **Possibly Indicated Neurology Conditions** |                   |
| Initial treatment limited to 3 months. Will require PBCO neurology panel review upon renewal (for initiation) |
| Peripheral Nervous System (PNS): Atypical CJD, autoimmune autonomic neuropathy, complex regional pain syndrome, immune mediated neuromyelitis optica (Sjogren's syndrome, Lambert Eaton syndrome, paranarveopathic neuropathy, paraproteineic neuropathy, PNS vasculitis / mononeuritis multiplex, sensory ganglionopathy / neuropathmy, severe plexopathy / radiculoplexopathy, atypical diabetic neuropathy |
| Central Nervous System (CNS): acute disseminated encephalomyelitis, antibody mediated autoimmune (limbic) encephalitis, antibody negative autoimmune encephalitis, atypical Rolandic epilepsy*, autoimmune epilepsy, childhood epileptic encephalopathy, CNS vasculitis, electrical status epilepticus in sleep syndrome, febrile infection-related epilepsy syndrome, Landau Kleffner*, Lennox-Gastaut syndrome, MOG antibody disease, Multiple sclerosis*, neuromyelitis optica spectrum, new-onset refractory status epilepticus, opsooclonic myoclonus, optic neuritis, PANDAS, paraneoplastic cerebellar degeneration*, progressive encephalitis with rigidity & myoclonus, Rasmussen encephalitis, severe disabling drug resistant non-surgical epilepsy, Stiff Person spectrum, sudden refractory status epilepticus, Susac syndrome, transverse myelitis, West syndrome* |
| Not Indicated Conditions: IVIg Not Recommended or Contraindicated |
| Hematology: aplastic anemia |
| Neurology: adrenoleukodystrophy, amyotrophic lateral sclerosis, autism, critical illness polyneuropathy, inclusion body myositis, intractable childhood epilepsy, lupus cerebrosus, myalgic encephalomyelitis / chronic fatigue syndrome, Tolosa Hunt |

**Please note:** Patients with blood groups A, B, or AB receiving a dose of 1g/kg or more are at an increased risk of IVIg associated hemolysis. Careful clinical follow up 1 to 2 weeks post-IVIg infusion is recommended. Specifically jaundice, fever and falling hemoglobin may indicate hemolysis. Completion of a transfusion reaction report form and appropriate laboratory investigations (e.g., Hgb, reticulocyte, DAT, bilirubin, LDH, haptoglobin) are recommended for confirmation if any clinical suspicion of hemolysis.

**Prescriber’s Office:** Forward both this completed pre-printed order and the completed Consent for Health Care – Form (CWXX104852) to the Medical/Ambulatory Daycare Unit where the transfusion will take place.

**Medical/Ambulatory Daycare Unit/Booking:** A copy of this order form must be received by Transfusion Medicine Laboratory (TML) for new patients and when orders are revised for existing patients. Do not book patient until IVIg approval has been obtained by TML