fraserhealth **BC Provincial Blood Coordinating Office**

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

Form ID: DRDO107408B Rev: November 16, 2022 Page: 1 of 1

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.

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#

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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

Approved Medical Conditions	Dose and Duration
Immunology	
Primary and secondary immune deficiency conditions (PID and SID) • Hypogammaglobulinemia (reduced total IgG or IgG subclasses and/or inadequate response to immunization) with recurrent bacterial infection. • Monitor IgG trough levels to maintain low normal range.	**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 (F/NAIT) • Previous affected pregnancy or family history of F/NAIT or mother found on screening to have platelet alloantibodies. IVIg is first line treatment of F/NAIT. • In newborn with NAIT, antigen-negative platelets should be first-line therapy and IVIg adjunctive. • Treatment should be under the direction of a high-risk obstetrician with expertise in F/NAIT.	**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	0. 5 to 1 g/kg If necessary, dose can be repeated in 12 hours
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	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 persists requiring a higher platelet count
Infectious Diseases	
Staphylococcal toxic shock or invasive Group A streptococcal fasciitis with toxic shock • Evidence of end organ hypoperfusion with fever, tachycardia, tachypnea and hypotension. • Consult with medical microbiologist or infectious disease specialist before treatment	1 g/kg on day one and 0.5 g/kg per day on days two and three, or 0.15 g/kg per day over 5 days
Measles – post exposure prophylaxis • To prevent post-exposure measles disease in pregnant women, infants, and immunosuppressed patients in whom the use of an IM preparation of hyper immune globulin is not tolerated or available.	0.4 g/kg as a single dose
Neurology	
Guillain-Barre syndrome (GBS), including Miller-Fisher syndrome and other variants • Symptoms of grade 3 severity (able to walk with aid) or greater or symptoms less than grade 3 severity that are progressing. Diagnosis of GBS variants should be made by a specialist. • Treatment should be given within 2 weeks of symptom onset.	**Adult:** 2 g/kg over 2 to 5 days **Pediatric:** 2 g/kg over 2 days
Chronic inflammatory demyelinating polyneuropathy (CIDP) • IVIg is considered a first line treatment for initial treatment of CIDP.	**Induction:** 2 g/kg over 2 to 5 days **Maintenance:** tailor to the lowest dose 0.4 to 1 g/kg every 4 to 8 weeks.
Multifocal motor neuropathy (MMN) • Diagnosis should be made by a neuromuscular specialist.	**Induction:** 2 g/kg over 2 to 5 days **Maintenance:** tailor to the lowest dose 0.4 to 1 g/kg every 3 to 6 weeks.
Myasthenia gravis (MG) • Severe exacerbations of MG or myasthenic crises, or to stabilize patients before surgery. • IVIg not recommended as maintenance therapy for patients with chronic MG.	**Induction:** 2 g/kg 2 to 5 days and if short term maintenance therapy is required, 0.4 to 1 g/kg every 3 to 4 weeks
Dermatology	
Pemphigus vulgaris • Histological & immune-diagnosis is needed. IVIg if no response to steroids and immunosuppressants.	2 g/kg over 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*	
Juvenile dermatomyositis (JD) • Lack of response or contraindication to corticosteroids, methotrexate and/or azaTHIOprine therapy.	**Induction:** 2 g/kg over 2 days **Maintenance** Continued use should be based on objective measures effectiveness. Maximum dose does not exceed 2 g/kg
Kawasaki disease (KD) • Validity of diagnosis must be established.	2 g/kg x 1 day. Second dose may be given for patients who fail to respond the first time

Possibly Indicated Neurology Conditions Initial treatment limited to 3 months. Will require PBCO neurology panel review upon renewal (*or initiation)
Peripheral Nervous System (PNS): Atypical CIDP, autoimmune autonomic neuropathy, complex regional pain syndrome, immune mediated neuromyotonia / Issac's syndrome, Lambert Eaton syndrome, paraneoplastic neuropathy, paraproteinemic neuropathy, PNS vasculitis / mononeuritis multiplex, sensory ganglionpathy / neuronopathy, severe plexopathy / radiculoplexopathy, atypical diabetic neuropathy*
Central Nervous System (CNS): acute disseminated enchepalomyelitis, 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, opsoclonus myoclonus, optic neuritis, PANDAS, paraneoplastic cerebellar degeneration*, progressive encephalitis with rigidity & myoclonus, Rasmussen encephalitis, severe disabling drug resistant non-surgical epilepsy, Stiff Person spectrum, super refractory status epilepticus, Susac syndrome, transverse myelitis, West syndrome*
Not Indicated Conditions: IVIg Not Recommended or Contraindicated
Hematology: aplastic anemia **Neurology:** adrenoleukodystrophy, amyotropic lateral sclerosis, autism, critical illness polyneuropathy, inclusion body myositis, intractable childhood epilepsy, lupus cerebritis, 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 there is 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