



# Regional Pre-Printed Orders for Immune Globulin (Ig) Therapy for Secondary Immunodeficiency (SID) – NEW Request



Form ID: DRDO107672A

New: November 16, 2022

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DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**
- Weight \_\_\_\_\_ kg    Height \_\_\_\_\_ cm

### INSTRUCTIONS:

- If this is for a renewal request, complete Regional Pre-Printed Orders for Immune Globulin (Ig) Therapy for Secondary Immunodeficiency (SID) – Renewal Request (DRDO107673). (All Ig requests are screened in accordance with the BC Immune Globulin Utilization Management Program).

### CRITERIA:

- In accordance with the BC Immune Globulin Utilization Management Program, orders that do not meet the mandate for SID will not be approved
  - Attach documentation / consultations to demonstrate evidence for ALL of the following and fax along with this pre-printed order (PPO):
    - Results of serum IgG measured on two separate occasions
    - Significant hypogammaglobulinemia with serum IgG less than 5 g/L (excluding paraprotein)
    - Exclusion of a pre-existing primary immunodeficiency (PID) (see PID diagnostic algorithm: <https://www.pbco.ca>)
    - At least one of the following:
      - Referral to an immunologist or equivalent subspecialists with clinical expertise/ experience in management of SID
      - At least one life threatening bacterial infection in the last 12 months\* (e.g. ICU admission)
      - At least 2 serious bacterial infections in the last 6 months requiring more than standard courses of antibiotics\* (e.g. hospitalization, intravenous or prolonged antibiotic therapy)
- \*Infections must be unrelated to chemotherapy/radiation (e.g. neutropenia, mucosal toxicity) and must be confirmed to be or clinically consistent with encapsulated bacterial infection (e.g. Streptococcus pneumoniae, Haemophilus influenzae, and Neisseria meningitidis).

### UNDERLYING CONDITION:

- Chronic Lymphocytic Leukaemia                       Multiple Myeloma                       Non-Hodgkin Lymphoma
- Transplant-related B cell Deficiency                       Other (specify): \_\_\_\_\_

### HISTORY:

- Which of the following infections has the patient experienced in the last 6 months, select all that apply:
  - Bronchiectasis                       Recurrent bacterial infections
  - Sino-pulmonary infection                       Other Bacterial (Specify): \_\_\_\_\_

### LABORATORY:

- Baseline (within 6 months): IgG \_\_\_\_\_ g/L    IgM \_\_\_\_\_ g/L    IgA \_\_\_\_\_ g/L    Date: \_\_\_\_\_
- Second IgG (suggest testing at 4 to 6 weeks post active infection): IgG \_\_\_\_\_ g/L    Date: \_\_\_\_\_

### PRODUCT:

- Intravenous Immune Globulin (IVIg)
- Subcutaneous Immune Globulin (SCIg)

### IVIg DOSE REQUEST:

- Loading Dose (give in conjunction with the first maintenance dose): If the IgG level is less than 4 g/L give 0.4 g/kg x1 dose
- Maintenance Dose:                       0.4 g/kg                       0.5 g/kg                       0.6 g/kg                       Total dose \_\_\_ g over \_\_\_ days
  - Frequency:                       Monthly                       Q4Weeks                       Every \_\_\_ weeks
  - Duration:                       6 cycles                       12 Cycles

### SCIg DOSE REQUEST:

- Complete in conjunction with the SMH/JPOCSC Pre-Printed Orders and Patient Enrolment Notification for Subcutaneous Immune Globulin (SCIg) – Home Infusion Program (DRDO105213)

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