

# **IMMUNE GLOBULIN APPROVAL PROCESS CHANGE**

### TRANSFUSION MEDICINE

## Date effective: December 7, 2020

#### **Background Information:**

Manitoba is one of the highest per capita users of immune globulin products in Canada (40% over that of Ontario and the Atlantic provinces) with a growth rate of 10% per year. Changes are needed to protect the existing supply, as Canadian Blood Services anticipates shortages resulting from reduced plasma collections due to COVID-19. This Targeted Practice Improvement aligns Manitoba with practices in other jurisdictions.

#### **New Process Overview:**

Implementation and application of the 2018 Prairie Collaborative Immune Globulin Utilization Management Framework. Detailed Clinical Guideline and other supporting documentation can be found in reference links below. Here is the high level process change:

Clinic	<ul> <li>Send request for Release and Prescriber Document to Lab (send 7 days ahead for outpatients).</li> <li>Use Ideal Body weight calculator for dosing.</li> <li>Re-assess patient and submit updated Prescriber Document every 6 months.</li> </ul>
Lab	<ul> <li>Requests forwarded by Lab to Transfusion Medicine Physician (TM) Inbox</li> <li>For inpatients, diagnoses that are green in the guideline will be approved automatically and dosing verified. For other inpatient requests, TM Physician will be paged for approval.</li> </ul>
TM Dr.	<ul> <li>TM Physician reviews request and dosage to determine appropriateness.</li> <li>Approval/ Status/ dose changes communicated to Lab.</li> <li>May contact ordering clinician if discussion needed.</li> </ul>
Lab	<ul> <li>If approved, Lab will issue product.</li> <li>If dose has been adjusted, blood bank will include a label with the product advising of change in dose. Note in patient chart as per clinical practice.</li> </ul>

### Recent prescriber document must include the following information:

Diagnosis • Physician indication for immune globulin use • Alternatives tried • Lowest effective dose of immune globulin required • Expected duration of therapy • Clinical response to therapy • Adverse events

### **Action Required**

- Download the updated version of the Request for Release into your EMR/ order copies from the printshop
- Delete/ discard Initial and Follow Up IVIG Request Forms. Submit only the Request for Release and the Prescriber Document)

Work with your clinics/ administration staff to develop processes to enable this lead time

#### **References/Resources:**

- <u>https://sharedhealthmb.ca/health-providers/diagnostic/reference-material</u>
- https://apps.sbgh.mb.ca/labmanual/document/requisitions
- https://bestbloodmanitoba.ca/for-clinicians/

## **Clinical Practice Change issued by:**

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# **Diagnostic Services**

# sharedhealthmb.ca

Diagnosis Dose Duration