

# FMOL Drug Shortage Memo: Intravenous Immune Globulin

August 1<sup>st</sup>, 2019

Dear Providers,

Intravenous Immune Globulin (IVIG) is on national backorder due to increased demand and manufacturer inability to meet this demand. All presentations are currently backordered or on allocation. The resolution date for the shortage is unknown at this time and all manufacturers are intermittently releasing product as it becomes available.

In an effort to conserve product for those patients with no alternatives, effective immediately, the pharmacy department will be reviewing all orders for IVIG to ensure they meet the P&T approved restriction criteria listed below. In addition, all adult IVIG orders will be dosed on ideal body weight or adjusted body weight where applicable. Pediatric IVIG orders will be dosed using actual body weight.

Thank you in advance for your assistance in ensuring our most critical patients receive appropriate therapy. For any questions, please contact the pharmacy department at your institution.

**\*IVIG shall be dosed by Ideal Body Weight for adult patients. If patient is >20% of their ideal body weight, an adjusted body weight shall be used for dosing purposes.\***

Indication	Additional Required Criteria	Dose
<b>High Priority</b>		
Autoimmune encephalitis	Neurology consult	1 gm/kg x 2
Guillain-Barre Syndrome	Neurology consult	1 gm/kg x 1
Myasthenia Gravis	Neurology consult	0.4 gm/kg/day x 5 days OR 2 gm/kg x 1
Idiopathic Thrombocytopenia Purpura with Active Bleeding	Hematology consult AND Platelets < 20 and bleeding	1 gm/kg x 1
Kawasaki Disease	None	2 gm/kg x 1
Primary immune deficiency (PID) or hypogammaglobinemia with a recent IGG level	Immunology, Infectious Disease, OR Hematology/Oncology consult	Not to exceed 0.6 gm/kg x 1

(within 6 months) < 400 mg/dl		
Parvovirus B19	BMT or Hematology Consult AND Immunocompromised AND Hemoglobin < 8 without bleeding	1 gm/kg/day x 2 days
<i>Solid Organ Transplant</i> Antibody Mediated Rejection	None  Inpatient and Outpatient	1 gm/kg x 2 days (may repeat for 2 additional days)  Repeat 4 weeks after initial dose
<i>Solid Organ Transplant</i> Desensitization	Abdominal Transplant Team Consult	1 gm/kg x 2 days  Repeat 2 weeks after initial dose
<i>Solid Organ Transplant</i> Parvovirus B19	Abdominal Transplant Team Consult	1 gm/kg/day x 2 days
<b>Moderate Priority</b>		
Bone Marrow Transplant	IgG < 400 mg/dL + recurrent sinopulmonary infections	0.4 gm/kg x 1
Chronic Lymphocytic Leukemia	IgG < 400 mg/dL AND Recurrent infections	0.4 gm/kg x 1
Idiopathic Thrombocytopenia Purpura without Active Bleeding and not Steroid Refractory	Hematology consult AND Platelets < 10	1 gm/kg x 1
Multiple Myeloma	IgG < 400 mg/dL AND Recurrent infections	0.4 gm/kg x 1
Parvovirus B19	Infectious Diseases Consult AND Immunocompromised AND Hemoglobin < 8 without bleeding	1 gm/kg/day x 2 days
<i>Solid Organ Transplant</i> Hypogammaglobulinemia	Lung Transplant Service Consult	0.5 gm/kg x 1



		For severe or recurrent infection: 400 mg/kg every 21 days as needed to keep serum IgG > 700 mg/dL for duration of treatment
<i>Solid Organ Transplant</i> RSV Pneumonia Treatment with Ribavirin therapy	Lung Transplant Service Consult	0.5 gm/kg x 1
<b>Low Priority</b>		
BK Virus Associated Nephropathy		2 gm/kg IV x 1 Alternative therapy: -Cidofovir -Foscarnet
Bullous Diseases	Dermatology consult AND failed corticosteroids	2 gm/kg IV x 1 OR 1 gm/kg/day x 2 days
Chronic Inflammatory Demyelinating Polyneuropathy	None	1 gm/kg/day x 2 days OR 0.4 gm/kg/day x 5 days
Encephalomyelitis Acute Disseminated	Neurology consult AND Failed corticosteroids	1 gm/kg/day x 2 days OR 2 gm/kg x 1
Hemolytic Disease of the Newborn	Age < 7 days ABO incompatible with mother Severe, progressive hyperbilirubinemia despite at least 4 hours phototherapy	0.5 gm/kg x1 (may repeat dose after 12h if hyperbilirubinemia worsening)
Idiopathic Thrombocytopenia Purpura without Active Bleeding AND Steroid Refractory	Hematology consult	1 gm/kg x 1 Alternative Therapy: -Rituximab



Lambert Eaton Myasthenic Syndrome	None	1 gm/kg/day x 2 days OR 2 gm/kg x 1
Multifocal Motor Neuropathy	None	0.4 gm/kg/day x 5 days
Myocarditis	Pediatrics only Severe acute myocarditis	2 gm/kg x 1 given over 24 hours
Myopathies (refractory) - Dermatomyositis - Refractory polymyositis	Neurology consult AND Refractory to other therapies	1 gm/kg/day x 2 days OR 2 gm/kg x 1 OR 0.4 gm/kg/day x 5 days
Neonatal Alloimmune Thrombocytopenia	None	1 gm/kg/day x 2 days
RSV Pneumonia in Pediatric Immunocompromised Patients	None	0.5 gm/kg/day x 5 days PLUS ribavirin
Stevens-Johnson Syndrome OR Toxic Epidermal Necrolysis	Dermatology consult	1 gm/kg/day x 2 days
Toxic Shock Syndrome	Infectious Disease consult AND one of the following: Necrotizing fasciitis with streptococcal infection  Staphylococcal infection	1 gm/kg x 1  May give 0.5 gm/kg/day x 2 additional days

