# Memorandum

**From:** Atlantic Deputy Ministers of Health

**Re:** Atlantic Ministries of Health Common Policy for the Utilization of Intravenous and Subcutaneous Immunoglobulins

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**Date: May 1, 2018**

## Message:

Since 2003, the Atlantic Provinces have collaborated on the management of utilization of plasma protein products through the Atlantic Blood Utilization Strategy (ABUS). Intravenous immunoglobulin (IVIG) was initially the product of focus as the supply of this product was limited and its use in various clinical indications was growing at a significant rate. In September 2008 ABUS expanded its mandate to include subcutaneous immunoglobulin (SCIG). The expansion involved the collection of SCIG utilization data and the development of Atlantic guidelines for SCIG.

The collaborative efforts have led to a lower distribution rate of IVIG and SCIG in Atlantic Canada than the Canadian average, reduced utilization for unapproved indications and the implementation of a variety of guidelines and protocols that have increased patient safety, improved patient quality of life and reduced overall costs to the Atlantic Provinces. However, IVIG and SCIG are increasingly prescribed for unlicensed/not indicated (UL-N) conditions, those with limited evidence-based research to support use. In addition to supply and cost considerations, IVIG/SCIG are manufactured from human plasma and while processing includes many safeguards to reduce risk of transmissible disease the therapy is not entirely risk-free for the patient. We must ensure that IVIG/SCIG is provided for patients only when evidence supports it is the most appropriate treatment.

Canada remains one of the highest per capita users of IVIG/SCIG; with a 2016/17 increase of nine (9) percent over 2015/16. Canadian Blood Services, the provider of Plasma Protein Products across the country (except Quebec), has estimated the growth of IVIG use will range from five (5) to ten (10) per cent year over year unless measures are taken to control inappropriate use.

To promote adherence to evidence-based utilization practices and mitigate the unsustainable increases in IVIG/SCIG utilization, the Atlantic Deputy Ministers of Health are endorsing the implementation of the Atlantic Ministries of Health Policy and the *Atlantic Clinical Indications and Criteria for Intravenous and Subcutaneous Immunoglobulin (IVIG/SCIG).*

This policy was created by the Atlantic Collaborative (ABUS), in collaboration with over 300 clinical experts in Atlantic Canada (see Appendix A) and builds upon guidelines established by the National Advisory Committee on Blood and Blood Products.

The Policy includes the following:

- Restriction of IVIG/SCIG to medical conditions that meet evidence-based clinical indications and criteria
- Screening of IVIG/SCIG therapy requisitions to ensure clinical indications and associated criteria are met prior to releasing the product from the blood bank
- Process for addressing extenuating circumstances when clinical indication and/or associated criteria requirements are not met and there is reasonable evidence that supports IVIG/SCIG therapy for the patient
- Minimal effective dosing that maintains clinical efficacy
- Mandatory adjusted body weight dosing
- Requirement for clinicians to evaluate clinical outcome and efficacy of therapy in patients receiving the therapy as possibly indicated or in extenuating circumstances at pre-determined intervals
- Requirement for inventory management practices to prevent outdating of product
- Requirement to collect and report utilization

Patients currently receiving IVIG/SCIG therapy who do not meet the Atlantic Clinical Indications and Criteria for IVIG/SCIG will be addressed under Policy statement number 3 in the attached Atlantic Ministries of Health Policy for IVIG/SCIG upon the expiry of their current prescription.

The full implementation of this Atlantic Ministries of Health Policy and the associated clinical indications and criteria by all Atlantic hospitals dispensing IVIG/SCIG and all Healthcare Professionals involved in providing this therapy is required to ensure the highest level of clinical and fiscal stewardship. IVIG/SCIG therapy must only be provided when the evidence supports it as the most appropriate treatment for the patient.

Thank you for your continued support in the appropriate use of blood and blood products.

Sincerely,

Denise Perret
Nova Scotia Deputy Minister of Health

Tom Maston
New Brunswick Deputy Minister of Health

Dr. Kim Critchley
Prince Edward Island Deputy Minister of Health and Wellness

John Abbott
Newfoundland and Labrador Deputy Minister of Health and Community Services

Enclosures:

Atlantic Ministries of Health Common Policy
Atlantic Clinical Indications and Criteria for Intravenous and Subcutaneous Immunoglobulin