

**UNIVERSITY HEALTH CARE
UNIVERSITY OF UTAH HOSPITALS & CLINICS**

PHARMACY AND THERAPEUTICS COMMITTEE

GUIDELINE

IMMUNE GLOBULIN (IVIG): PART 1 - USE GUIDELINES FOR APPROVED INDICATIONS

Review Date: 11/15/2006 **Revision Date:** 11/15/2006

Chapter: Pharmacy and Therapeutic Committee Guidelines

[IVIG Worksheet - Pharmacist completes worksheet prior to initiating IVIG therapy](#)

I. PURPOSE:

A. Provides approved indications and uses for intravenous immune globulin (IVIG).

II. GUIDELINE:

A. Approved Indications and uses for intravenous immune globulin (IVIG)

Diagnosis	Criteria	Recommended Dosage
Immune-Mediated Thrombocytopenia (ITP)*	Evidence of bleeding or Platelet count < 20,000 or ITP requiring anticoagulation	1 gm/kg total max. dose (intermittent over several days or 24-hr. continuous infusion) Subsequent doses need approval
Primary Immunodeficiency (PID)* Common Variable Immunodeficiency Disease (CVID)*	Recurrent respiratory infection IgG level < 300mg/dl or Absence of tetanus or pneumococcal antibody responses	0.4 gm/kg 1gm/kg - enteroviral encephalitis 0.6gms/kg bronchiectasis dose may be given q2-4weeks
Kawasaki Syndrome*	Child < 4 years old	2 gm/kg x one dose 10% of patients may need a 2nd dose
Bone Marrow Transplants* 1. Autologous 2. Allogeneic (myelo, non-myelo)	Transplant days -2 to +100 Autologous: IgG level < 300 mg/dL Allogenic related: Age > 18 or a mismatch allogenic unrelated Transplant day > +100 IgG level < 400 mg/dL	Transplant days -2 to +100 100 mg/kg weekly until BMT day +100 Transplant day > +100 500 mg/kg every 3 to 4 weeks until IgG level > 400 mg/dL
Chronic Lymphocytic Leukemia (CLL)* Myelomas	Severe or life-threatening infection and Hypogammaglobulinemia	0.4 gm/kg q4weeks
Pediatric HIV infection*	Recurrent infection and CD4 count < 200	0.4 gm/kg q2-4 weeks
Myasthenia Gravis (MG)	Failed plasmapheresis or	2 gm/kg total max. dose

	plasmapheresis contraindicated (ie, problem with line placement, unstable patient, cardiac problems)	(intermittent over several days or 24-hr. continuous infusion) subsequent doses are based upon clinical response NTE 1 gm/kg
Guillain-Barre syndrome Acute Inflammatory Demyelinating Polyneuropathy (AIDP) - <u>for treatment within 2 weeks of onset</u> Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	Failed plasmapheresis or Plasmapheresis contraindicated (ie, problem with line placement, unstable patient, cardiac problems) Note: IVIG immediately following course of plasmapheresis requires Medical Director approval	2 gm/kg total max. dose (intermittent over several days or 24-hr. continuous infusion) 1gm/kg max. dose monthly for chronic therapy
Neonates	Sepsis & neutropenia or Suspected sepsis in neonate < 1500 gm or Alloimmune Thrombocytopenia unresponsive to platelet transfusion	500-750 mg/kg for one dose 1 gm/kg (over several days)
Fetal Alloimmune Thrombocytopenia	Documented fetal thrombocytopenia and Documented mother making antibodies against fetus	1 gm/kg weekly Treatment is initiated at 20-28 weeks gestation and continued through delivery Note: Dose per actual body weight
Neonatal isoimmune hemolytic disease	Clinical significant anemia or hyperbilirubinemia (IVIG use may obviate need for pRBC or exchange transfusion)	500-750 mg/kg/dose Second dose may be given if clinically indicated.
Dermatomyositis / Polymyositis - steroid resistant	Biopsy-proven /dermatology consult Failed std. therapy (ie, steroids, methotrexate, Plaquenil)	2 gm/kg total max. dose (intermittent over several days or 24-hr. continuous infusion)
Toxic Epidermal Necrolysis (TEN)	Clinically and histologically confirmed	3 gm/kg total max. dose (intermittent over several days or 24-hr. continuous infusion)
Allo-sensitized heart and/or lung transplants	Panel Reactive Antibody (PRA) > 50%	Initial dose = 10 gm; if 50% reduction in PRA% then every 3 weeks If no response, then 2 gm/kg (given over 4 days) every 3 wks for 12 wks; if 50% reduction in PRA% every 3-6 wks If no response, discontinue
Immune Mediated Blistering Diseases: • Pemphigus • Paraneoplastic Pemphigus • Pemphigoid	Clinically confirmed and failure of standard therapy	2 gm/kg total max. dose Repeat monthly 1 gm/kg x 3 months

<ul style="list-style-type: none"> • Linear IgA Bullous Disease • Cicatrical Pemphigoid • Epidermolysis Bullosa Acquisita • Bullous erythema Multiforme 		
Stiff Man Syndrome	Rigidity of limb and trunk muscles Predominantly abdominal and thoracolumbar making bending difficult	2 gm/kg/month maximum dose
CMV disease	Newly diagnosed cases of CMV in Bone Marrow Transplant patients.	2 gm/kg maximum dose, Repeat dose of 1 gm/kg monthly as clinically indicated.

*FDA Labeled Uses

APPROVAL BODY: Pharmacy and Therapeutics Committee

APPROVAL DATE: 11/15/2006

POLICY OWNER: Linda Tyler, PharmD, Manager, Drug Information Service

HISTORICAL INFORMATION

ORIGIN DATE: unknown

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(More historical information can be obtained from the P&T Minutes)