

UNIVERSITY HEALTH CARE
UNIVERSITY OF UTAH HOSPITALS & CLINICS

PHARMACY AND THERAPEUTICS COMMITTEE

GUIDELINE

IMMUNE GLOBULIN (IVIG): PART 2 - PHARMACY PROCEDURES

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

Chapter: Pharmacy & Therapeutics Committee Guidelines

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

I. **PURPOSE:**

- A. Provides guidance for processing IVIG orders in the pharmacy.

II. **GUIDELINE:**

- A. Once an order for IVIG is faxed to the Central Pharmacy area, please follow the following steps:
1. If the order is generated during the hours of 07:00 and 15:00, it is the responsibility of the decentralized pharmacist for the specific area involved. Page the appropriate pharmacist.
 2. If the order is generated between the hours of 15:00 and 07:00, it is the responsibility of the central pharmacist.
 3. For every IVIG order, check first in the **IVIG Binder** (located in Central) to see if this is a *recurring* patient with a completed worksheet or a *new* patient. Previous approvals for ongoing therapy need to be reevaluated after one year.
 4. Every new order (or new course for a recurring patient) for IVIG must have a worksheet completed by the responsible physician and faxed to the Central pharmacy. If the worksheet is incomplete, the physician must be notified to complete the missing information *. All orders must have attending approval, but not necessarily the signature on the worksheet.
 - a. IVIG worksheets are located in all pharmacy satellites and in the Central pharmacy.
 - b. The worksheets are not kept in the patient care units.
 - c. *Missing information on the worksheet can be written in by a verbal order.
 - d. **It is imperative that worksheets be fully completed, including "box" for pharmacist actions.**

5. Once the pharmacist has the completed worksheet, refer to the "IVIG Approved Usage" table. If the diagnosis, criteria, and recommended dose are met for the specific indication, the order can be processed without further delay.
6. Round doses to the nearest vial size. The physician must be notified for dosage changes and a new order must be written.
 - a. If there is an order for IVIG with a low Ig A content, use Gammagard S/D (Ig A < 2.2 mcg/mL).
7. If the diagnosis, criteria, and recommended dose are not met according to the "IVIG Approved Usage" table, the responsible pharmacist is to proceed with the following steps:
 - a. Contact the prescriber and explain that the specific order does not fall into the criteria for approved usage set forth by the P & T Committee. **IVIG is classified as a Level 2 drug (Guided use with clinical guidelines or monitoring program in place).** For an approved indication and a non-approved dose, contact the prescriber to see if the dose can be adjusted according to the guidelines.
 - b. For orders that do not fall within the approved usage guidelines, the prescriber is to contact the Medical Director or his designee.
 - c. The Medical Director or his designee will notify the pharmacy if the order has been approved.
 - d. Attach pending orders and / or communication notes to the IVIG Binder. Relay any pertinent information to the pharmacists that might be involved in the follow-up.
8. All orders and worksheets (approved or unapproved) are to be kept in the IVIG notebook in the Central Pharmacy for one year.
9. This process applies to inpatients and outpatients.
10. Every dose of IVIG must be logged out on the Master IVIG patient log. The master log sheet is in the IVIG Binder located in Central pharmacy.
The pharmacist entering the order is to log out the dose on the IVIG patient log.
11. Miscellaneous information concerning IVIG in general.
 - a. Dosing
All orders (EXCEPT FOR PREGNANT PATIENTS) are to be dosed using Adjusted Body Weight (ABW) in patients > 100 kg.
 - $ABW = \text{Ideal body weight} + 0.4 (\text{Total body weight} - \text{Ideal body weight})$
 - b. Pregnancy category C

- f. Patients judged to be at risk for developing renal dysfunction - decrease the infusion rate by at least one half.

APPROVAL BODY: Pharmacy and Therapeutics Committee

APPROVAL DATE: 11/15/2006

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

HISTORICAL INFORMATION

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