

BloodBrief

-An Update on IVIG and SCIG-



August 2017

Dear Hospital Colleague:

Nationally, the overall demand for intravenous (IV) and subcutaneous (SC) immune globulin continues to increase (Figure 1). This continual increase in demand is financially unsustainable for provinces and territories, the funders of the blood system and healthcare system. From April 2016 – March 2017 over 5,196,000 grams of Ig (IG and SC) were issued to hospitals served by Canadian Blood Services. This equates to a cost of over \$324,156,000.00

Many provincial blood offices/programs have developed valuable resources supporting the appropriate use of IVIG and SCIG including provincial guidelines, weight-based dosing calculators and order sheets. National guidelines regarding the use of immunoglobulin products in patients with primary immune deficiency, hematologic disorders, neurologic disorders and undergoing solid organ transplantation are available from the National Advisory Committee on Blood and Blood Products:

<http://www.nacblood.ca/resources/guidelines/IVIG.html>.

In a continued effort to promote optimal utilization of IVIG and SCIG, hospital transfusion committees are being engaged via BloodBrief. This BloodBrief provides three years of IVIG and SCIG issue data specific to hospitals, ranking within the IVIG and SCIG issues list, and anonymized and identified (69.4% of hospitals) issue data for other hospitals across the country as a reference. The cost for the grams of IVIG and SCIG are also provided to highlight the cost of the product received by the hospitals.

These data do not attempt to indicate appropriateness (or inappropriateness) of use. Rather, the goal is to continue to heighten hospital awareness of issue trends over time and compared to other hospitals. Results from the BloodBrief effectiveness survey conducted in January 2016 confirmed survey results from 2014 and revealed that for 90% of survey respondents the BloodBrief highlighted data/information that was new and it also prompts hospitals to review transfusion practice and blood component demand.

Hospitals have asked if hospital names could be provided within the BloodBrief, in order to enhance benchmarking. You will see that this BloodBrief includes the names of hospitals who have given permission to be “unblinded”. If your hospital name is not shown, but you feel it would be acceptable to do so in future BloodBriefs, please let us know by contacting your Hospital Liaison Specialist.



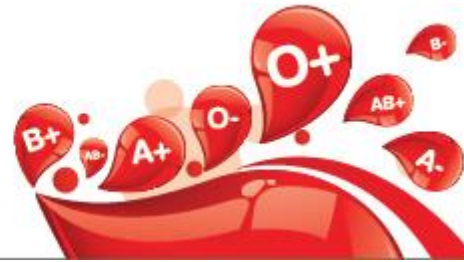
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Please do not hesitate to contact me directly with any questions or comments you may have regarding the content of this BloodBrief. Alternately, your local Canadian Blood Services Medical Officer or Hospital Liaison Specialist is available as well.

Sincerely,

K Webert

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Analysis of Immune Globulin

Immune Globulin 5 year trend by grams

Total thousands of grams | Year on Year % Growth

* FY2016/17 Forecast is based on Q4 year-to-date actuals

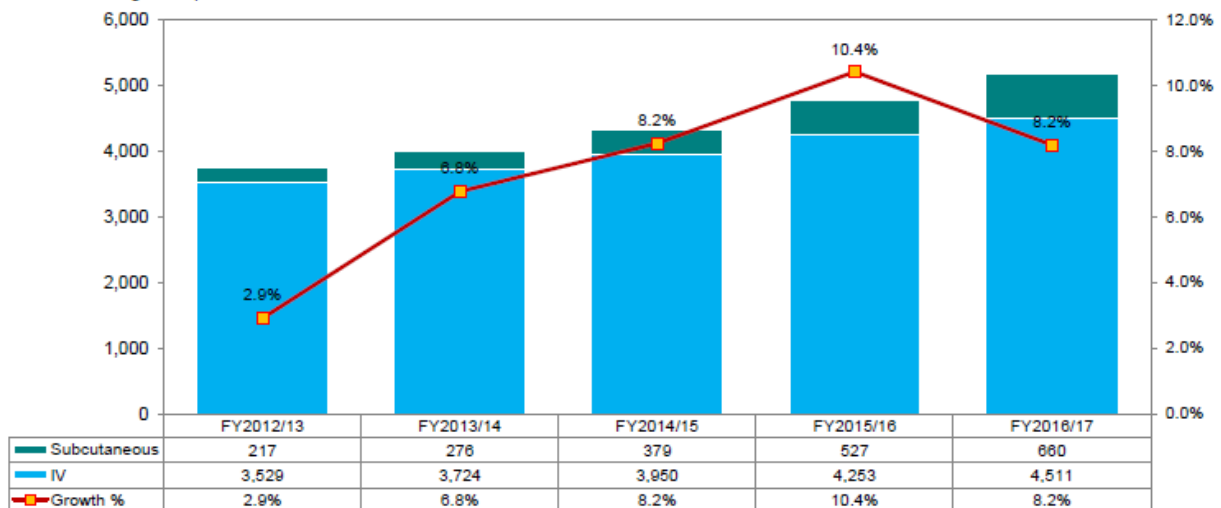


Figure 1: Issues of IVIG and SCIG to all hospitals in jurisdictions served by Canadian Blood Services.



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