Ontario

MOHLTC IG Request Form

For non-neurology use only

Patient Name
Patient Hospital/Medical Record#
D.O.B.(YYYY-MM-DD)
Gender Female
Location
Ontario Health Insurance#

ALL FIELDS BELOW ARE MANDATORY

Date Requested: (YYYY-MM-DD)	Treating Physician:
Date Required: (YYYY-MM-DD)	Physician Specialty:
Hospital where patient will receive IG.	Physician Phone #:

Dosage Information: (Verification of dose using Dose Calculator tool is recommended)

☐ Intravenous IG (IVIG) ☐ Subcutaneous IG (SCIG)						
Patient Weight: kg	Patient Height: cm	BMI:	**Dose must be adjusted for BMI greater than or equal to 30**			
☐ Induction/One-time dose	g/kg = Total dose of	g; divided over	days			
☐ Maintenance dose	g/kg = Total dose of	g; divided over	days; every	weeks; Duration:	months	
Dose Calculator Used? ☐ Yes ☐ No If No, why was it not used						
IgG level/Platelet count/other test results relevant to patient condition: Result: Date: (YYYY-MM-DD)						

Clinical indication for use: **Refer to Ontario IG Management Utilization Guidelines for additional indications where IG may be appropriate.**

Specialty	
Hematology	☐ Fetal/Neonatal Alloimmune Thrombocytopenia (F/NAIT)
	☐ Hemolytic Disease of the Fetus and Newborn (HDFN)
	☐ Immune Thrombocytopenia (ITP) ☐ Adult ☐ Pediatric
	☐ Post-transfusion Purpura
Dermatology	☐ Pemphigus Vulgaris (PV) and Variants
Rheumatology: Pediatric	☐ Juvenile Idiopathic Inflammatory Myopathy (J-IIM) (previously Juvenile Dermatomyositis)
	☐ Kawasaki Disease (KD)
Rheumatology: Adult	☐ Idiopathic Inflammatory Myopathy (IIM) Includes Dermatomyositis and Polymyositis
Immunology	☐ Primary Immune Deficiency (PID)
	☐ Secondary Immune Deficiency (SID)
	☐ Hematopoietic Stem Cell Transplant in primary immunodeficiencies
Solid Organ Transplant	☐ Kidney transplant from living donor to whom the patient is sensitized
	☐ Pre-transplant (Heart)
	☐ Peri-transplant (heart, lung, kidney, pancreas)
	☐ Post-transplant
Infectious Disease	☐ Invasive Group A streptococcal fasciitis with associated toxic shock
	☐ Staphylococcal Toxic Shock
***OTHER (requires approval)**	

For Transfusion Medicine Use Only

☐ **Dose verified** ☐ **Dose adjusted to:**	**By (signature req'd):**
☐ **Confirmed with ordering physician**	**Date:**
☐ **Approved** ☐ **Denied**	**Date:**
Signature of Approving Physician:	

Please fax/send to:

Medical Condition	Suggested initial dose and duration
Fetal/Neonatal Alloimmune Thrombocytopenia (F/NAIT)	*Maternal*: Previous fetus with intracranial hemorrhage: Up to 2 g/kg/week starting as early as 12-16 weeks gestation. No previous fetus with intracranial hemorrhage: Up to 1 g/kg/week. Starting as early as 20 -26 weeks current gestation. *Infant*: Initial dose of 1 g/kg reassess following initial dose.
Hemolytic Disease of the Fetus and Newborn (HDFN)	0.5 g/kg over 4 hours
Immune Thrombocytopenia (ITP) Adult	*Acute*: 1 g/kg as a single dose. Repeat if PLT count does not respond I.e. still less than 30 x 10^9 /L. *Chronic*: In consultation with a hematologist, as adjunctive therapy or where other therapies have failed or are not appropriate. Consider 1-2 g/kg. The use of regular IVIG as a treatment for chronic ITP should be considered as exceptional and alternative approaches (e .g. splenectomy, rituximab, thrombopoietin receptor agonists) should be considered.
Immune Thrombocytopenia (ITP) Pediatric	For patients who require treatment, a single dose of IVIG may be considered a front-line treatment (0 .8 to 1 g/kg). A second dose can be repeated if there is no clinical response. IVIG will result in a faster increment in platelet count compared with steroids. In emergent management, IVIG is recommended as part of multimodal therapy
Post-transfusion Purpura	Up to 2 g/kg divided over 2 to 5 consecutive days. Repeat if necessary; for short term use.
Pemphigus Vulgaris (PV) and variants	Total dose of 2 g/kg divided over 2 to 5 days every 4 weeks. Dose every 6 weeks after 6 months of therapy.
Juvenile Idiopathic Inflammatory Myopathy (J-IIM) (previously Juvenile Dermatomyositis)	*Initial dose*: Total dose of 2 g/kg divided over 2 days. *Maintenance dose*: A systematic approach should be taken to determine minimum effective dose.Continued use should be based on objective measures of sustained effectiveness. Maximum dose should not exceed 2 g/kg.
Kawasaki Disease (KD)	2 g/kg for 1 day (second dose can be given for patients that fail to respond to initial dose).
Idiopathic Inflammatory Myopathy (IIM) Includes Dermatomyositis and Polymyositis * does not include Inclusion Body Myositis	Maximum dose is 2 g/kg to be given over 2 days initially monthly for 3-6 months and if effective to be continued at decreasing frequency (determine minimum effective dose) over approximately 2 years.Survival of patients with IIM has been shown to be substantially improved in patients given IVIG.
Primary Immune Deficiency (PID) Secondary Immune Deficiency (SID)	*Adult*: 0.4-0.6 g/kg every 3-4 weeks *Pediatric*: 0.3-0.6 g/kg every 3-4 weeks Doses or frequency to be adjusted by experts according to desired trough level (more than 500 mg/dL and ideally 700 mg/dL) and according to individual patient clinical needs.
Hematopoietic Stem Cell Transplant in primary immunodeficiency	0.4-0.6 g/kg every 3-4 weeks; requirements may increase and should be based on clinical outcome.
Kidney transplant from living donor to whom the patient is sensitized	2 g/kg/month for 4 months.
Pre-transplant (Heart)	Suggested dose up to 1 g/kg/month until transplant.
Peri-transplant (heart, lung, kidney, pancreas)	Suggested dose 1 g/kg can give as divided doses if in association with a course of plasmapheresis.
Post-transplant	*Acute*: 1 g/kg/dose. Can be given as divided doses if in association with a course of plasmapheresis. *Chronic:* 1 g/kg/month.
Invasive Group A streptococcal fasciitis with associated toxic shock	1 g/kg on day one and 0 .5 g/kg per day on days 2 and 3 OR 0.15 g/kg per day for 5 days .
Staphylococcal Toxic Shock	

*** Refer to Ontario IG Management Utilization Guidelines for additional indications where IG may be appropriate.**

If you are unsure of the process for IVIG requests refer to **"Use of the IG Request Form"**