Immunoglobulin prescribing within haematology and haemato-oncology within NHS Greater Glasgow and Clyde

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BACKGROUND

There has been a steady rise in the use of immunoglobulins within NHS Greater Glasgow and Clyde (NHSGGC). In considering the shortage in availability of immunoglobulins, increased usage and expenditure, an audit was undertaken to determine the current prescribing practice of immunoglobulins within haematology and haematology-oncology.

AIMS/OBJECTIVES

The aim is to assess the use of immunoglobulins in haematology and haemato-oncology patients across NHSGGC. The objectives are to improve efficiency and achieve financial sustainability in immunoglobulin prescribing.

METHODOLOGY

- Haematology and haemato-oncology patients receiving immunoglobulins, between April 2016 and March 2017, were identified using the National Immunoglobulin Database. Patients' weights, indication for use and brand of intravenous immunoglobulin (IVIg) prescribed were determined.
- The dose of immunoglobulin, in patients over 75kg with a maximum body weight lower than their actual weight, was reviewed against NHSGGC IVIg maximum dosing weight guideline.
- Patients clinical records were accessed for patients not receiving IVIg preferred brand, Kiovig®, to determine reasons.
- Patients receiving immunoglobulins for indications with weak supportive evidence (grey indications), were reviewed to determine if appropriate approval processes were followed.
- NHS Caldicott approval was obtained prior to undertaking the project.

RESULTS/OUTCOMES

Patient demographics

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Standards</th>
<th>Achieved standard</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All NHS GG&amp;C sites are entering the details within immunoglobulin request form into the Immunoglobulin National Database (within financial year).</td>
<td>100%</td>
<td>57%</td>
<td>Nil</td>
</tr>
<tr>
<td>All patients received preferred brand of IVIg Kiovig®.</td>
<td>100%</td>
<td>59%*</td>
<td>Long term primary immunodeficiency, allergies, intolerance, ineffective</td>
</tr>
<tr>
<td>All patients with a calculated maximum body weight that is lower than their actual weight are dosed according to the maximum IVIg weight guideline.</td>
<td>100%</td>
<td>47%</td>
<td>Nil</td>
</tr>
<tr>
<td>All patients receiving IVIg for a grey indication have relevant non-formulary forms completed.</td>
<td>100%</td>
<td>0%**</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Table 2: Achieved criteria and standards.

* Due to the number of unknowns (as it was not possible to verify whether there was a valid reason for switching IVIg Kiovig® to alternative brand in two patients), and one patient qualifying to the exception, the standard achieved was 59% (75/127).

**There is currently no formal approval process in place for immunoglobulins and most sites within NHSGGC are unaware of non-formulary forms being completed. At the time of the audit, the NHSGGC formulary team had not received non-formulary immunoglobulin forms.

CONCLUSIONS

To achieve sustainable quality, improve efficiency and financial sustainability a number of interventions have been proposed. These include:

- Deliver education to ensure appropriate dosing and preparation of immunoglobulin is prescribed.
- Implementation of a formal approval process for immunoglobulins.
- Review the current immunoglobulin request form to ensure reliability of colour categorisation of the indications reported.

REFERENCES