

HOW CAN WE BEST MANAGE SUPPLY SHORTAGES OF EXCLUSIVELY HUMAN MOLECULES FOR SUBSTITUTION ? THE EXAMPLE OF IMMUNOGLOBULINS

Abstract number : 2SPD-001
ATC Code : 1
Questionnaire survey of medical personnel

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BACKGROUND AND IMPORTANCE

First quarter of 2021 information :

- ❖ **Decrease** supply of Immunoglobulins (IG)
- ❖ **Expected** between 4 – 37%
- ❖ **Mostly affecting** intravenous immunoglobulins (IVIg)

At the end of May 2021 : **42% of effective decrease.**

AIM AND OBJECTIVES

To identify, among the existing clinical situations, those that should benefit from IG :

- SCiG preferentially in primary substitutions
- IViG treatment to as many patients as possible for whom there is no alternatives

Identify ways to optimize the use of available IG and define management recommendations

Ensure continuity of care

MATERIELS AND METHODS

1) Inform the pharmaceutical team

3) Study the consumption and therapeutic use

5) Establish Guidelines

2) Inform prescribers

4) Look for alternatives

RESULTS

1) Pharmaceutical team information : **ordinary staffs**

2) Exchanges with prescribers within the **drug commission** (Medication policy committee of the health care facility)

Representants : Neurology, Clinical Hematology, Internal Medicine, Pediatrics

3) IViG consumption and therapeutic use

- ❖ Study period : **first 6 months of 2021**
- ❖ IG studied : **IVIg**
- ❖ IVIg consumption :

Number of patients	Treatment number	IVIg mass	On average	
168	510	27.8 kg (70.4% of total IG)	27.6 g / patient / month	3 cures / patient over 6 months

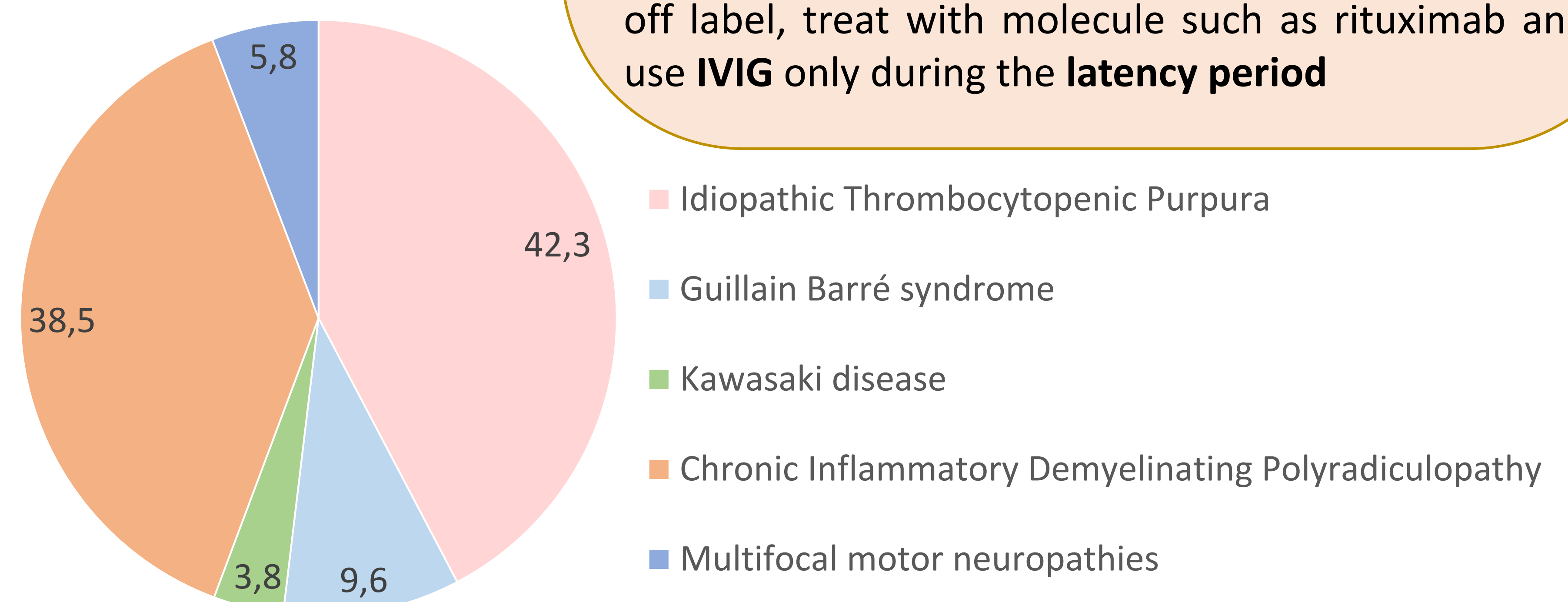
❖ Therapeutic use :

Off label	Immune deficiencies	Immunomodulation
27.4%	41.6%	31.0%

Immune deficiencies :

- Secondary : 89,9%
- Primary : 10,1%

Pathologies (in percent) :



4 + 5) WAYS BEST MANAGE THE IViG SUPPLY SHORTAGE ?

- 1) **Switch** as many patients as possible to SCiG
- 2) As the dosage of 2g/kg/cure is indicative, **lower** the **doses** gradually and/or **space out** the **courses**
- 3) Use **corticosteroids** whenever possible
- 4) Use IViG for **life-threatening** authorized **situations**
- 5) Reactivate the **plasma exchange** pathway for **immunomodulations**
- 6) **Reduce off-label** use
- 7) For off-label indications, **include** patients in **therapeutic trials** of IViG
- 8) If life-threatening emergency immunomodulation off label, treat with molecule such as rituximab and use **IVIg** only during the **latency period**

CONCLUSION AND RELEVANCE

A **study** is **underway** on the evaluation of these guidelines. **In view of the results obtained**, the practices that prove to be good will be maintained. **IG are only** produced from **blood donations**. In case of **supply shortages**, **immune deficiencies** and particularly **primary ones can no longer be treated!** Recommendations on a European scale would be welcome because of the globalization of supply.

References and/or acknowledgements :

Our acknowledgements to (alphabetic order) : BILLAC Mélodie, DUCOURET Christophe, NIVET Carole and RAYMONDEAU Martine