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


1 University hospital, pharmacy, Limoges, France
2 University hospital, internal medicine and polyclinic, Limoges, France

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

MATERIELS AND METHODS

1) Inform the pharmaceutical team

3) Study the consumption and therapeutic use

5) Establish Guidelines

4) Look for alternatives

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

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:

<table>
<thead>
<tr>
<th>Number of patients</th>
<th>Treatment number</th>
<th>IVIG mass</th>
<th>On average</th>
</tr>
</thead>
<tbody>
<tr>
<td>168</td>
<td>510</td>
<td>27.8 kg</td>
<td>27.6 g / patient / month</td>
</tr>
</tbody>
</table>

Therapeutic use:

Off label Immune deficiencies Immunomodulation
27.4% 41.6% 31.0%

Pathologies (in percent):

- Idiopathic Thrombocytopenic Purpura
- Guillain Barré syndrome
- Kawasaki disease
- Chronic Inflammatory Demyelinating Polyradiculopathy
- Multifocal motor neuropathies

CONCLUSION AND RELEVANCE

A study is underway on the evaluation of these guidelines. In view of the results obtained, the practises 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 (alphabetical order): BILLAC Mélodie, DUCOURET Christophe, NIVET Carole and RAYMONDEAU Martine

Contact data: voa_ratsimbazafy@yahoo.fr