

## Nova Scotia Utilization of Intravenous and Subcutaneous Immunoglobulins (IVIG/SCIG) in FY 2017/18

When compared with many other developed countries, Canada has the third highest per capita consumption of IVIG and SCIG; the distribution of these immune globulins in Canada has continued to rise over the last decade by 5 to 10% each year. In 2017/18, Canada had a rise in the distribution by 7% while Nova Scotia demonstrated a 1.9% decrease after a 23% increase from the previous fiscal year



Jurisdictions, both in Canada and other countries, with low IG consumption rates attribute their success to demand management initiatives that require review/approvals and result in the denial of product for requests that are outside of evidence based guidelines

In 2004 when IVIG/SCIG use in NS was first monitored, there were 180 patients that received 45,585 grams

During 2017/18, this number **increased to 507 patients** that received 179,190 grams



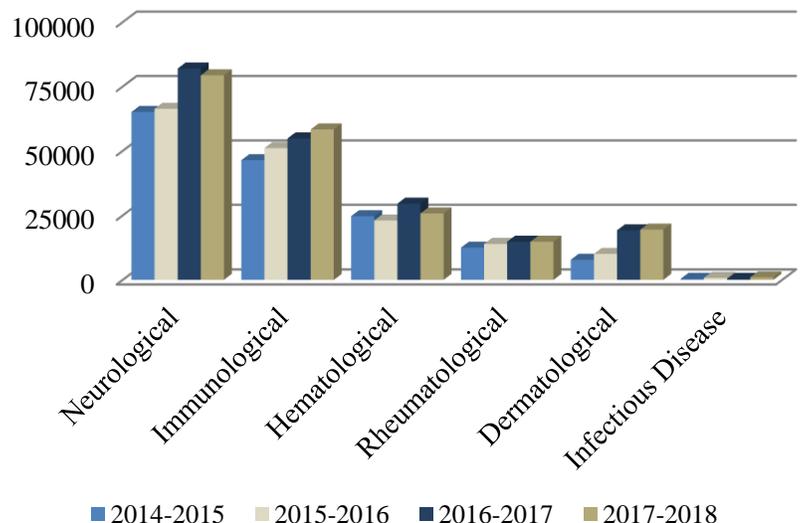
**181% increase in patients**



**293% increase in grams utilized**

Nova Scotia's cost for IVIG/SCIG in 2017/18 was \$13,187,070

IVIG and SCIG (g) Use By Disease Category in Nova Scotia



The top 3 indications for use in NS are:

- Primary Immune Deficiency
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy
- Myasthenia Gravis

**19.9%** of Nova Scotians are 65 years of age or older\*

\*Statistics Canada, 2016 Census of Population



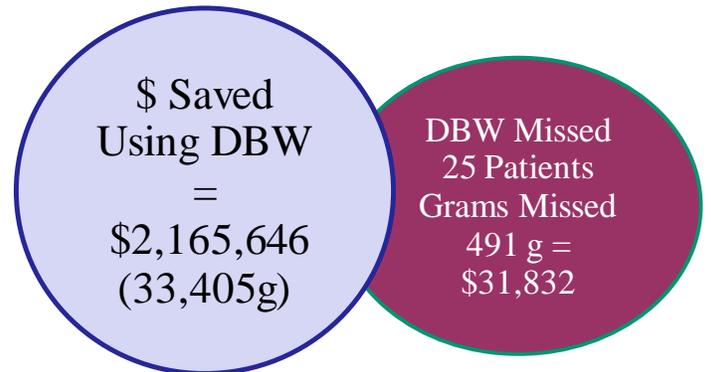
### Received IVIG/SCIG in 2017/18

**33%** of Nova Scotians that received IVIG/SCIG during 2017/18 were **65** or above



## Dosing Body Weight

Of the 304 patients eligible to be dosed by Dosing Body Weight during 2017/18, **97%** were dosed accordingly



## Subcutaneous Immunoglobulin

Home administration of SCIG has successfully helped transition **70** patients from depending on hospital administration of this product to administering in the comfort of their own home

This is an increase from **64** patients in the previous fiscal year



### Unlicensed – Not Indicated

There is no evidence to support the use of IVIG/SCIG for these conditions

This year, use of IVIG for UL-N indications increased to **1.1%** of the total use

Because the price per gram varies depending on both availability and U.S. dollar exchange rates, it is imperative that IVIG be utilized appropriately with the goal being to reduce the amount used for conditions where it is not likely to be of clinical benefit (UL-N indications) to as close to zero grams as possible

Just over **\$135,000** was spent for UL-N indications in Nova Scotia this year

Percent of IVIG used for UL-N Indications in Nova Scotia

