Immune globulin (IG) therapy is considered a safe and frequently used treatment in a wide range of disease states but has well known associated adverse drug reactions (ADRs) that may be problematic. Patients that receive IG in the home setting may be at higher risk for undertreated ADRs due to the limited number of immediate interventions in the home. Published literature indicate minor reactions are reported in up to 20% of IG infusions and serious ADRs in 2-6%. A pro-active approach to the prevention or reduction of known IG ADRs is critical for these patients. Pharmacists can have the greatest impact on ADRs due to their on-going and regular communication with the patients.

To determine the frequency, type, and severity of ADRs associated with IG infusions and the impact of pharmacist intervention on reducing or eliminating the ADRs.

OBJECTIVES

To determine the frequency, type, and severity of ADRs associated with IG infusions and the impact of pharmacist intervention on reducing or eliminating the ADRs.

METHODS

An ADR Assessment tool was developed to track ADRs reported by patients during or after IG infusions, the severity of the ADR, interventions made by the pharmacist, acceptance of those interventions by the IG prescriber and the outcome of those interventions on reducing or preventing recurrence of the same ADRs.

RESULTS

ADRs tracked over a 2-year period show 98% of reported ADRs were mild or moderate in severity having limited impact on the patient’s normal activities. These were all able to be managed at home with simple and readily available therapeutic treatments. After the occurrence of an ADR, pharmacist interventions made to the IG prescriber on future IG infusions had an acceptance of 93%. Pharmacist suggested ADR interventions had a 90% success rate in the total or partial prevention of the same ADR during the next infusion cycle. During this same 2-year period, of the ADRs reported, 0.35% were categorized as serious. Review of these patients and reported serious ADRs showed events that were consistent with the FDA box warnings required on all IG products but did not result in discontinuation of IG therapy in half of these patients.

CONCLUSIONS

Pharmacists can have a significant impact on preventing or reducing ADRs associated with IG therapy. In addition, the interventions suggested by the pharmacist have a high acceptance rate by prescribers and a positive effect on preventing recurrence of ADRs.