

# Implementation of a Pharmacist Intervention Tool to Optimize Subcutaneous Immune Globulin Administration for Home Infusion Patients

Katie Laskin, PharmD, BCSCP, CNSC, IgCP, FNHIA; Jill Yusko, RPh; Jennifer Bunk, PharmD;  
Nicholas LaRiviere, PharmD, MBA, BCGP; Gene B. Decaminada, BS Pharm, RPh, FNHIA, FCPA

## Background

- Immune globulin (Ig) is used for the treatment of complex disease states, including primary immunodeficiency and immune-mediated disorders. The most common Ig administration methods include intravenous (IVIG) and subcutaneous (SCIG).
- While the labeling of many SCIG products have more conservative volume and rate recommendations for the initial infusion(s), subsequent infusions can be customized according to patient tolerance and preference by adjusting the number of infusion sites and/or infusion rates within established parameters.
- An opportunity exists to develop a standardized method and timeline for home infusion pharmacists to assess SCIG regimens and perform interventions to optimize infusions based on patient tolerance and preference, anticipating increased patient satisfaction and compliance.

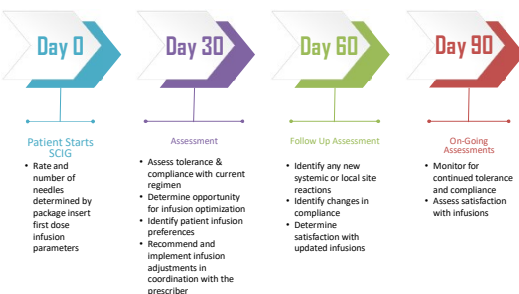
## Purpose

- Develop a tool within the electronic patient management platform to standardize home infusion pharmacist SCIG infusion assessments and interventions.
- Test the tool over a period of 2 months.

## Methods

- Build tasks within the patient management platform that automatically trigger for new SCIG patients.
- Create standardized patient questionnaires embedded in the patient management platform to assess compliance, tolerance, and infusion optimization preferences.
- Review current census and new SCIG patients to identify patients whose infusions may be optimized and test the tool.
- Assign tasks to the patient's identified, administer questionnaires and perform interventions to optimize infusions.
- Monitor patients after interventions to assess compliance, side effects, and satisfaction.

Figure 1: Tasks and Questionnaires Built



## Results

- During the two-month period from November 2024 to January 2025, 35 patients were contacted and assessed using the tool.
- Of the 35 patients contacted, 29 (83%) were interested in pharmacist-led interventions to optimize their SCIG infusions.
- Nineteen patients were contacted within the study period for follow-up assessment after changes were implemented.

Figure 2: Baseline Demographics

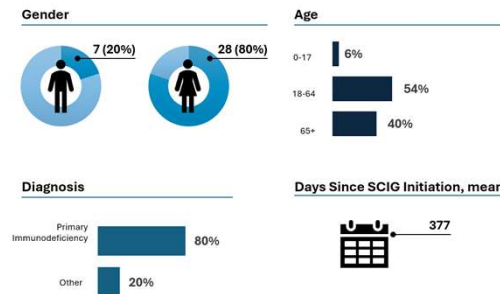


Figure 3: Patient Optimization Preferences (%)

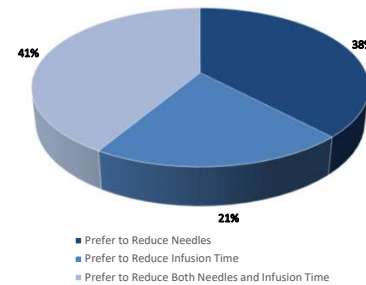


Figure 4: Infusion Time Reduction Preference Group Interventions

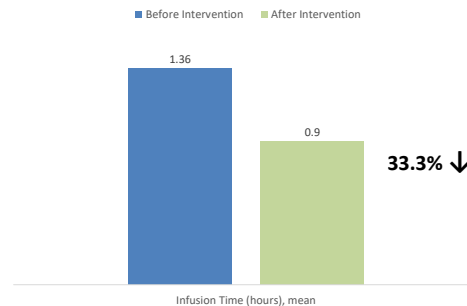


Figure 5: Needle Reduction Preference Group Interventions

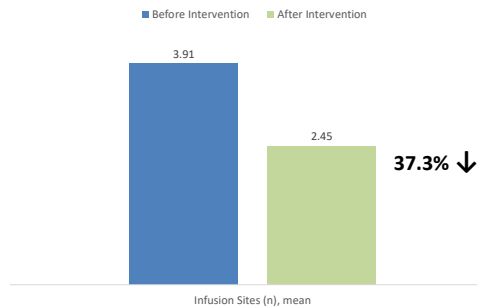


Figure 6: Needle Reduction & Infusion Time Preference Group Interventions

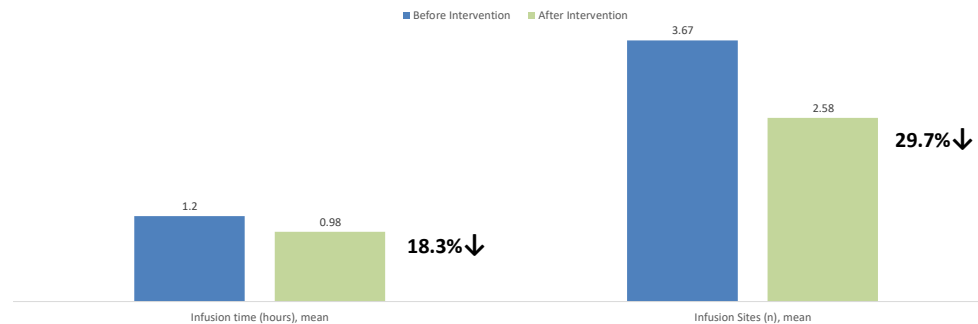
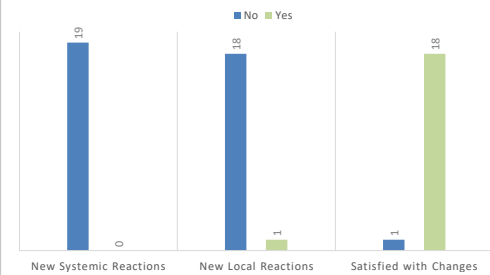


Figure 7: Follow Up Assessment Results



## Discussion

- The use of automated tasks and questionnaires embedded in the EMR assisted in identification of patients who were likely to benefit from SCIG infusion optimizations.
- Tasks within the patient management platform standardized on-going pharmacist management of SCIG patients.
- The majority of patients contacted were interested in implementing changes to optimize their SCIG infusions.
- Patient interviews allowed the pharmacists to make customized infusion recommendations based on patient history and preference.
- Patient's preference for optimization were divided between reduction of needles, reduction in infusion time, or reduction of both.
- After pharmacist interventions to optimize infusions, an overwhelming majority of SCIG patients reported no new drug-related reactions and expressed satisfaction with the changes

## Conclusions

- Testing of this tool demonstrated the substantial opportunity for home infusion pharmacist led interventions to optimize SCIG infusions according to patient preferences, resulting in high patient satisfaction rates.
- Embedding this tool in the patient management platform ensures each patient receiving SCIG will be assessed by a pharmacist and receive on-going management to continuously evaluate infusion tolerance and adherence.

