



Canadian Immunodeficiencies Patient Organization

CIPO



GBS/CIDP
Foundation of Canada



CANADIAN SOCIETY OF ALLERGY AND
CLINICAL IMMUNOLOGY
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To Subcutaneous Immunoglobulin Prescribers and Blood Banks

Re: Cuvitru shortage

Canadian Subcutaneous Immunoglobulin (SCIg) prescribers were notified on Saturday 04-May-2019, at a meeting in Toronto, attended by representatives from Takeda Canada, & Canadian Blood Services (CBS), of an imminent shortage of Cuvitru brand SCIg in Canada. This affects predominantly patients with Immunodeficiency, receiving SCIg for replacement and patients with Neuromuscular Disease, receiving SCIg for immunomodulation. We were told this shortage would interfere with the treatment of patients currently on SCIg if growth of SCIg use was not immediately curtailed. This was first announced on 29-Apr-2019 on Health Canada's website (<https://www.drugshortagescanada.ca/shortage/82602>). A Customer Letter from CBS and an explanatory letter from Takeda Canada can be found on the CBS website (<https://blood.ca/en/hospital-services/customer-service/communications/customer-letters>). CBS has assured us that they are working to find alternate sources of SCIg. Takeda stated that they hope to have sufficient product by "late-summer/early fall", most likely Sep-2019. Hema Quebec has an alternative supplier and is not affected.

As a result of the Cuvitru shortage, a working group consisting of Canadian neurologists, hematologists and immunologists who prescribe SCIg and patient advocates met by teleconference on 09-May-2019 to recommend short-term management to mitigate the risk to patients and their access to SCIg. We recommend the following strategies to manage SCIg shortfall:

For Patients currently on SCIg (Cuvitru):

We recommend that the currently treated patients continue with NO changes to their current access to SCIg. Patients should be given no more than a 3 months' supply.

Given the limitation in access to larger vial sizes (4g and 8g), we recommend this supply should be preferentially available to neurology patients who require higher dosage.

For New patients not currently on SCIG

We recommend holding SCIG starts for patients who require SCIG except where SCIG is the only option deemed appropriate for that patient, (e.g. patients with urgent clinical need and poor venous access), until further notice and supply has been restored. We ask that treaters consult with and notify us if/when these situations arise. Supply of IVIg is not currently affected but there is limited capacity on outpatient units to treat patients with IVIg and patients should not be forced to start on IVIg if the preferred method is SCIG.

For assuring ongoing supply of SCIG:

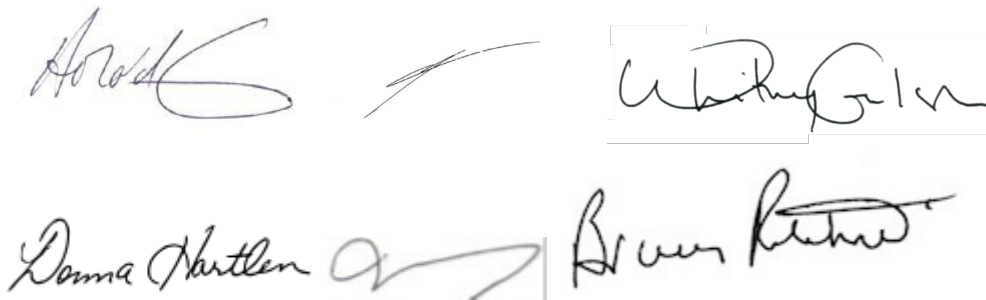
We recommend that CBS work urgently to assure supply of SCIG through alternate suppliers. We recommend that CBS update the community on available supply and progress on obtaining alternate supply on a weekly basis

These recommendations aim to assure that the shortage of Cuvitru will have the least impact on patients currently receiving SCIG therapy while CBS works to obtain alternate supply.

CBS has agreed to provide regular updates to ensure all options to increase supply are explored as expeditiously as possible, including negotiating a supply of SCIG from alternate suppliers. Our recommendations are likely to change as more information becomes available. We will continue to advocate for all options in the best interest of our patients.

As information is made available it will be shared to all treaters as quickly as possible understanding that patients will depend on this information to receive the care they need.

Sincerely:



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