Primary immunodeficiency diseases (PIDs) encompass almost 400 distinct disorders that impair the immune system, resulting in increased risk of recurrent and sometimes serious infections. PIDs are a group of disorders that impair the immune system, resulting in increased risk of recurrent and sometimes serious infections. They are caused by genetic defects in the production or function of immune cells, such as B cells, T cells, or natural killer cells.

Over half (n = 493, 60.3%) of patients had common variable immunodeficiency (CVID). CVID is a primary B-cell immunodeficiency characterized by hypogammaglobulinemia and recurrent infections.

IVIG is administered typically every 3 to 4 weeks in a patient’s home setting (eg, clinic or infusion center) or at an HCP at home or in an outpatient setting, typically every 1 to 2 weeks. Home-based management may increase treatment flexibility and patient independence.

Both IVIG and SCIG are effective GI treatments. IVIG is associated with more frequent side effects, including injection site reactions, headache, and fever. SCIG is generally associated with less frequent side effects, but it may be more expensive.

Methods

The HCUVP provides 4 in-home infusions of Ig20Gly at no cost to patients who have PID and are receiving various infusion schedules.

The clinical and infusion characteristics by days of infusions were analyzed by infusion schedule (n = 817; † 7 days, 7 days, 8–13 days, 14 days, and 14 days, and infused on another schedule).

The patient’s attending HCP provided the prescription information, and the patient’s clinical characteristics and infusion instructions were obtained in the chart.

The primary purpose of the data collection was to document clinical characteristics, and infusion characteristics on the fourth (final) infusion for patients who completed all 4 infusions.

The data provide real-world insights into infusion parameters and treatment choices for patients who have PID and are receiving various infusion schedules of Ig20Gly.

Conclusions

This study evaluated clinical and infusion characteristics of a large population of patients who have PID and initiated on Ig20Gly.

- There was a trend toward increasing median infusion duration with decreasing infusion frequency (range: 44.2 minutes for 7 days to 54.5 minutes for 14 days) (Figure 3).
- There was a trend toward increasing median infusion duration with decreasing infusion frequency (range: 44.2 minutes for 7 days to 54.5 minutes for 14 days) (Figure 3).

- Infusion frequency did not affect median infusion rate per site, which remained at 47 mL/hr for 4 infusion frequencies (Figure 4).
- Most patients in each infusion frequency subgroup were aged 18 years or older (79.3–99.1%) and were female (67.4–78.1%).

- Median Infusion Volume Per Site During the Final Ig20Gly Infusion by Infusion Frequency (n = 817) (Figure 2).