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MSAdvances.com

## Frequently Asked Questions

Here you will find questions that are asked of MSAdvances.com about IVIG.

- Why is IVIG being prescribed for me?
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### Why is IVIG being prescribed for me?

**IVIG has been shown to be beneficial in the treatment of several immune regulation disorders. Extensive evidence exists suggesting that immunoregulatory mechanisms are involved in MS. Several possible mechanisms by which IVIG improves the course of the disease are related to limiting the inflammatory process and repairing the damage to the myelin sheath by enhancing remyelination.**

**Presently, the evidence through research supports that IVIG is beneficial for patients with MS. IVIG was shown to reduce the frequency of relapses, MRI lesions, and possibly an effect on slowing of the progression of the disease.**

**When patients do not respond favorably to other disease specific therapies such as the IMA's - Avonex, Betaseron, Copaxone, Methotrexate, or steroids. This may be an indication that IVIG would be beneficial.**

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## **What is Gammaglobulin (IgG)?**

**Gammaglobulin is an immunoglobulin (a.k.a. antibody), that is produced by B-Cells which are a type of white blood cell. B-cells produce immunoglobulins (antibodies) that kill virus, bacteria, fungus, and parasite antigens.**

**Although the mechanisms of IVIG benefit are not fully understood, it is thought to inhibit damage to the myelin, thereby decreasing disease activity.**

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## **How is IVIG produced?**

**It is made from human blood that is chemically treated using a process that filters and removes contaminants (i.e., bacteria and viruses). It is then purified and lyophilized ("freeze-dried") and then bottled. The final product is a white to pale yellow powder that is reconstituted with sterile water prior to infusion.**

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## **Am I at risk for getting HIV or Hepatitis?**

**In 1993 -1994 there were a number of reported cases of Hepatitis C that were thought to be caused by a contaminated lot of IVIG. Since that time, the FDA has imposed certain manufacturing guidelines which required companies to take steps that will inactivate viruses such as Hepatitis B, Hepatitis C and HIV. Products are now treated with detergents and solvents that kill organisms. There have also been increased donor screening requirements enforced. Before people become blood donors, they are screened by medical examination and tested for the presence of these and other viruses. There have been no reported cases of HIV**

**transmission from IVIG.**

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### **Why is IVIG given once a month?**

**Antibodies only survive for 3 to 4 weeks. Infusions are administered every 3 to 4 weeks so you can maintain adequate immunoglobulin levels in your blood.**

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### **How is IVIG given?**

**IVIG is given intravenously (IV) usually over two days in a row, once a month. Therapy is recommended for at least 6 months before deciding if it should be continued. This is a mutual decision made between you and your physician.**

**A nurse inserts a small IV catheter into a vein on your hand or arm. The first dose is administered in the physician's office. This is done to observe for any possible reactions to the medication. You may go home with the catheter in place which is covered with a dressing. The second infusion can be done at home if you experienced no reactions to the medication. The catheter is removed after the second infusion has been completed.**

**The infusion is started slowly and is then increased every 30 minutes until the maximum rate is achieved. The infusion should last approximately 4 to 5 hours. During each infusion the nurse will monitor your vital signs including your blood pressure, pulse and temperature.**

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### **How is the dose determined?**

**The average dose is based on the**

**clinical trials for patients with MS. Your physician will then adjust the dose based on your weight. The average dose is 90-100 Grams total (40 to 50 Grams per day).**

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### **What are the side effects?**

**Side effects can occur with IVIG and are most often related to the rate of the infusion. They are prevented from recurring with the next infusion by decreasing the rate and/or administering extra IV fluids along with the IVIG.**

**The most common side effects are headache, nausea and vomiting, and abdominal or back pain. Side effects can be managed with over-the-counter analgesics such as acetaminophen (Tylenol) and antihistamines (Benadryl).**

**Allergic reactions are rare. Wheezing, chest pain, difficulty breathing, hives, low blood pressure, and rapid heart rate are treated with antihistamines, epinephrine, fluids and steroids. This is the reason that the first infusion is done under the supervision of the physician.**

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### **How is IVIG covered?**

**IVIG is an expensive therapy which has been used to treat a number of neurological diseases. At the present time, it is not approved by the FDA for treatment of MS although widely used. Recent clinical trials have provided strong evidence of the clinical benefit to MS patients using IVIG. Most insurance companies will pay for IVIG for patients with relapsing-remitting MS. A letter from your physician outlining your**

**medical history and response to other therapies is usually required.**

**Medicald will also approve IVIG for the treatment of MS.**

**IVIG costs approximately \$10,000 per month.**

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**Can I take other medications with IVIG?**

**Yes, in fact, most patients are on other disease specific therapies in conjunction with the IVIG.**

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