The risk associated with contraindicated administration or omission of doses of a treatment is increased in the case of immunosuppressive drugs, due to their narrow therapeutic margin, with small differences between therapeutic and toxic doses.

The aim of this study is to know if the immunosuppressive drugs prescribed to hospital inpatients is correct, to emphasize the role of the pharmacist in medication conciliation.

A prospective analytical study was performed in a second level hospital for a period of four months. Every patient admitted under treatment with immunosuppressive drugs was included.

Patients with immunosuppressant treatment were analysed and their medication was reconciled with the help of the Diraya® digital history software and, in the case of discordance between their home medication and the prescribed medication, the prescribing physician was contacted. The variables collected were: demographic data, immunosuppressive treatment, hospital service, error type, intervention by the pharmacist and whether this was accepted by the physician.

The conciliation process is aimed at detecting and correcting possible medication errors that may have gone unnoticed.

The importance of this process on the part of the pharmacist is enhanced with vitally important drugs such as immunosuppressive drugs, and in hospital services where the workload is heavy, such as the emergency department.