BACKGROUND
Off-label prescription of intravenous immunoglobulin (IVIg) has long been widely accepted, but periodically, a verification with the latest evidence-based efficacy data available is needed.

PURPOSE
To assess the suitability of the current prescription of IVIg at our hospital according to latest evidence-based efficacy data for possible interventions required.

MATERIAL AND METHODS
The research was based on the colour classification introduced by the British “Clinical guidelines for immunoglobulin use. 2nd edition. July 2011 update. Department of Health” adapted to Spain by the Spanish Society of Hospital Pharmacy in 2012. For each patient who received IVIg at our hospital during the year 2012, indication and total grammes received were registered.

RESULTS
77 patients
16 different indications
20,917,8g of IVIg

CONCLUSION
The bulk of the IVIg is being used at our hospital either for indications with a good or reasonable evidence base. Nevertheless, when it comes to grammes prescribed per indication, severe axonal neuropathy, and indication not included in the aforementioned guide, proves to be the one with the highest rate. As remarked in the guide, not included indications shall be considered to have a weak evidence base; consequently we consider therapy with IVIg in severe axonal neuropathy should be closely monitored in each patient to weigh the benefits. If the employment of IVIg in severe axonal neuropathy is actually extending, appropriate randomised controlled trials reassuring the efficacy of IVIg in this pathology would be most welcome to weigh the benefit in the patients and revise neurology protocols.

Additionally, since a considerable amount of IVIg is being used for indications for which other treatments are available, further investigation on the priority these are actually receiving and which they should, could also be interesting.