Objective

Disclosing the use of intravenous immunoglobulin (IVIg) in a tertiary hospital: adequacy to label indications and economic impact.

Material and methods

• Retrospective study (January-2015 to December-2015).
• Collected data, from medical records: sex, age, IVIg indication, posology, cumulative dose and treatment cost per patient.
• Descriptive analysis of IVIg use per patient and indication and associated cost.

Results

140 patients received IVIg. Age: 62.6 years (3.1 to 91.8). Posology: Replacement therapy: 100 – 400 mg/kg every 3–5 weeks. Immunomodulatory: 1-2 g/kg single dose – monthly adm.

- **Label indications** (87/140): primary immunodeficiencies (68/87), idiopathic thrombocytopenic purpura (7/87), Guillain-Barré syndrome (5/87), secondary immunodeficiency (5/87), Kawasaki disease (2/87).


- **Off-label indications not sufficiently supported by clinical evidence** (17/140): systemic lupus erythematosus (6/17), systemic vasculitis (6/17), paraneoplastic syndrome (3/17), acute disseminated encephalomyelitis (1/17), refractory childhood epilepsy (1/17). Indication wasn’t properly established in 6% (8/140) of the cases.

66,295 grams of IVIg dispensed in 2015. 1,732,897 €.

<table>
<thead>
<tr>
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<th>Label indications</th>
<th>Off-label indications supported by clinical evidence</th>
<th>Off-label indications not supported by clinical evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>% grams of IVIg dispensed</td>
<td>33%</td>
<td>47%</td>
<td>16%</td>
</tr>
<tr>
<td>% IVIg total cost</td>
<td>42%</td>
<td>33%</td>
<td>19%</td>
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Conclusion

Off-label IVIg indications are frequent in our hospital (32%), with an important economic impact (52%), higher than label indications. It would be useful implementing an updated IVIg protocol, listing indications supported by scientific evidence to facilitate application of IVIg treatment in off-label indications.