

ANALYSIS AND TEN-YEAR COMPARISON OF INTRAVENOUS IMMUNOGLOBULINS UTILIZATION IN A TERTIARY HOSPITAL: EVALUATION OF CLINICAL APPROPRIATENESS AND ECONOMIC IMPACT

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Background and importance

Intravenous immunoglobulins (IVIg) are used across diverse clinical conditions, including primary and secondary immunodeficiencies, autoimmune, neurological, and hematological disorders. Despite expanding applications, approved (on-label) indications remain limited. Given its substantial cost and limited global supply, evaluating prescribing practices is essential to support evidence-based use and optimize healthcare resources.

Aim and objectives

This study aimed to characterize IVIg utilization in inpatient and outpatient settings at a tertiary hospital over one year (September 2024–September 2025) and compare findings with institutional data from 2014. Objectives included assessing adherence to approved indications, quantifying off-label and non-recommended use, and evaluating economic impact.

Material and methods

Retrospective observational study

Data from: electronic health records and pharmacy information systems

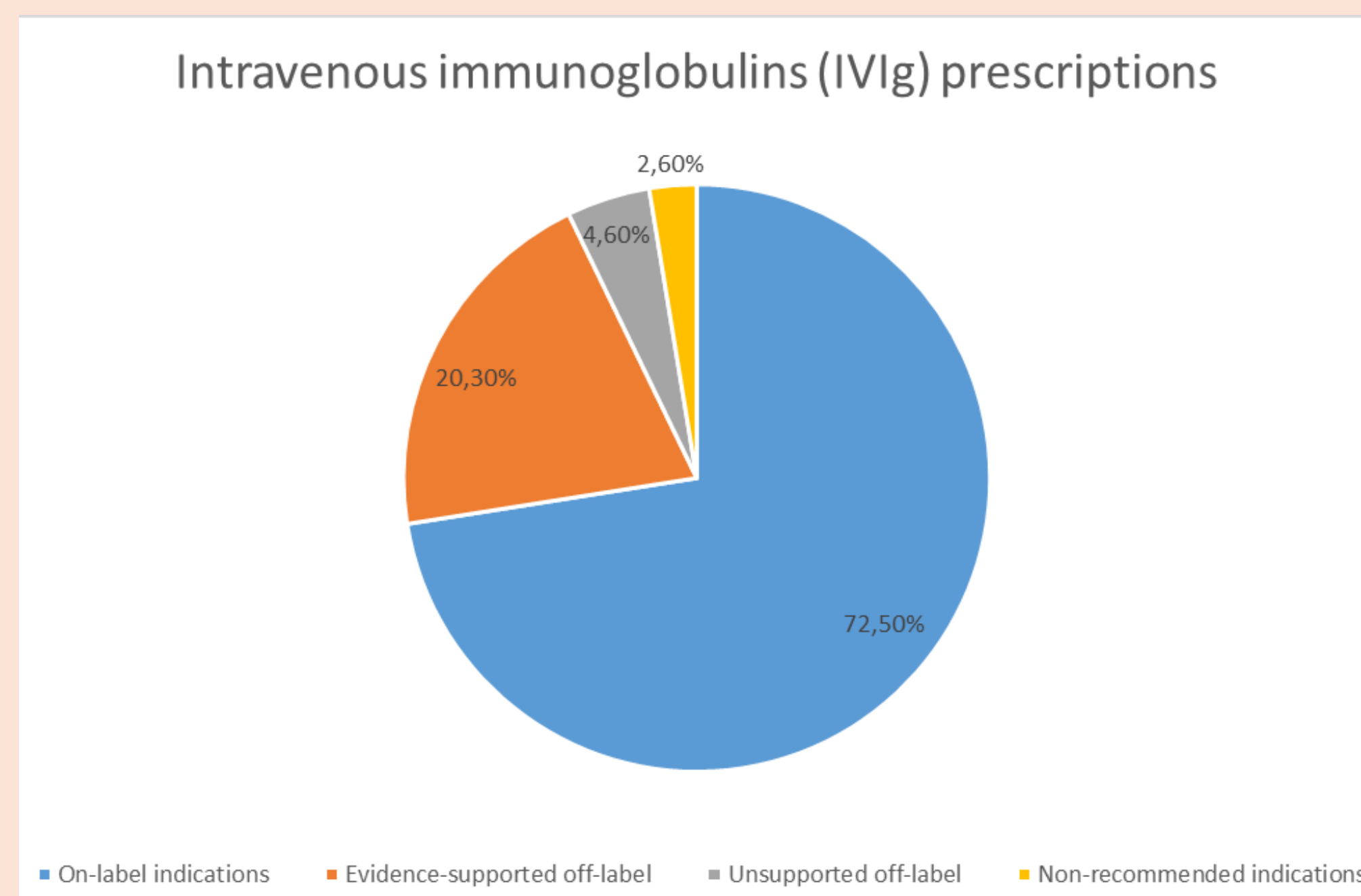
Analysis of: Patient demographics, IVIg indications, and direct treatment costs

British Clinical Guidelines for Immunoglobulin Use (3rd edition, 2021)

Results



153 patients
median age: 65 years
50.9% female
40,3% inpatients



Parameter	2014 → 2024 -2025	Change
Number of patients	138 → 153	+10,9%
On-label use	67.4% → 72.5%	+5.1 percentage points
IVIg expenditure	€1,730,002 → €1,681,662	-€48,340

Conclusion and relevance

- This analysis shows a positive trend toward more appropriate and economically sustainable IVIg use in comparison with 2014.
- The formal inclusion of CIDP and MMN as on-label indications, alongside enhanced guideline adherence and reduced unsupported use, reflects effective stewardship.
- Reduced expenditure despite increased utilization underscores improved resource management, optimizing healthcare expenditure.

