
Results 138 patients (average age 59.1, 58.7% female) received IVlg. 44.1% of treatments were administered to hospitalised patients.

Label indications were 67.4%: common variable immunodeficiency (55/93), IgG immunodeficiency (13/93), idiopathic thrombotic purpura (12/93), Guillain-Barré syndrome (6/93), Kawasaki disease (3/93), secondary immunodeficiency (2/93), hyperIgM immunodeficiency (1/93) and unspecified hypogammaglobulinemia (1/93).

Off-label indications supported by clinical evidence were 21.0%: myasthenia gravis (7/29), multifocal motor neuropathy (6/29), non-specific demyelinating neuropathy (4/29), chronic inflammatory demyelinating polyradiculoneuropathy (3/29), inclusion body myositis (3/29), autoimune haemolytic anaemia (2/29), polyomysitis (1/29), dermatomyositis (1/29), Rasmussen syndrome (1/29) and alloimmune thrombocytopenia (1/29).

Off-label indications not sufficiently supported by clinical evidence were 5.8%: systemic vasculitis (2/8), sclerodema (2/8), polymyositis nodosa (2/8), microscopic polyarteritis (1/8), acute disseminated encephalomyelitis (1/8).

Non-recommended indications were 5.8%: systemic lupus erythematosus (3/8), epilepsy (2/8), proximal diabetic neuropathy (1/8), aplastic anaemia (1/8) and paraneoplastic syndrome (1/8).

For each category, IVlg dispensed were 22 252.5 g, 16 632.5 g, 7287.5 g and 5247.5 g, respectively. Percentage expenditure for each one was 41.4%, 34.2%, 13.9% and 10.5%, respectively (of a total amount of 1 730 002€).

Conclusion Despite the fact that most of the dispensed IVlg were used for label or for off-label supported by clinical evidence indications, uses with unproven clinical benefit, even those recommended, implies an important expense in our hospital. Due to the frequent off-label use of IVlg, implementing a protocol would be useful to adjust IVlg treatments to the guideline recommendations and to optimise its use.

No conflict of interest.

DI-025

VALGANCICLOVIR IN LIVER TRANSPLANTED PATIENTS

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Background Cytomegalovirus (CMV) infection is the most common viral infection after solid organ transplantation, and is an important cause of mortality and morbidity in this group of patients. Valganciclovir is used to treat and prevent this condition.

Purpose The aim of our study was to analyse the use of valganciclovir (indication of treatment, dosage and safety) in liver transplanted patients.

Material and methods Retrospective observational study that included all patients that underwent liver transplantation in 2014 in our hospital. Electronic clinical history (SELENE), the pharmacy service managing software (Farmatools) and an Excel database of transplanted patients were used to collect the information.

Results 38 patients underwent liver transplantation in our hospital in 2014, 34 patients were finally included (mean age 55 years) after surviving the postoperative period. Mean length of stay in hospital was 26 days and mean discharge creatinine was 0.93 mg/dL. 11 patients (32.3%) were treated with valganciclovir, 6 (55%) as treatment against CMV and the rest as prophylaxis (CMV seropositive donor and CMV seronegative receiver). The dose used in prophylaxis was 900 mg/24 h for all patients except one who received 450 mg/24 h because of reduced kidney function; the dose used for treatment was 900 mg/12 h in all patients as none presented with kidney malfunction. 8 patients (24%) had valganciclovir included in their treatment after discharge. Mean duration of treatment with valganciclovir utilised, self-medication use behaviour, drug characteristics, impact of advertisements, knowledge and awareness of the possibility of DI, inefficacy or ADRs.