Eighteen patients had 23 off-label requests. The main unlicensed uses were thrombocytopenia (6), hypogammaglobulinaemia in acute lymphoblastic leukaemia (5), autoimmune haemolytic anaemia (3), neonatal hyperbilirubinaemia (2) and Rh iso-immunisation (1). Seventeen off-label prescriptions didn’t have written clinical certification to support the request. However the request form declared the physician’s responsibility and the absolute necessity of IVIG treatment.

Conclusions Despite regional guidelines, off-label use of IVIG is constant in our hospital. Hospital pharmacists should work more closely with clinicians to identify off-label prescriptions without evidence/directions because this drug can be life-saving and it is necessary to keep it available for critical situations.

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