31.2% immunomodulation cases and the remaining 8.5% were off-label (of these, 64% had probable benefit). The most prevalent indications were chronic inflammatory demyelinating polyradiculopathy (39%) and MyD88 deficiency (31%). Doses and IR were as indicated. There were recorded AR. IVIG accounted for 1.21% of the institution's total medication expenses.

Conclusion and relevance IVIG was mostly used for approved indications. Doses and IR were within the recommended range and no AR were reported, suggesting that the administrations was well tolerated. Off-label use, although characterised by limited expression and for indications with probable benefit, included indications not mentioned in the guidance. In this study, hospital prescriptions showed a low level of compliance with the NPTC guidance; therefore, an institutional protocol should be developed for a more evidence based approach to IVIG use. Locally, the annual expenses for IVIG (1.21%), a value way below the national average (2.83%), may be due to the smaller size and complexity of the hospital and slight off-label use.

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Conflict of interest No conflict of interest

4CPS-262 CLINICAL EFFICACY OF INTRAVENOUS IMMUNOGLOBULIN IN NEUROLOGY: A RETROSPECTIVE COHORT STUDY AT THE MATER MISERICORDIAE UNIVERSITY HOSPITAL

[1]A Mcdonnell*, [1]D Murphy, [2]S Shane, [2]P Moloney, [1]J Brown. [1]*Mater Misericordiae University Hospital, Pharmacy, Dublin 7, Ireland*; [2]*Mater Misericordiae University Hospital, Neurology, Dublin 7, Ireland*

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Background and importance Intravenous immunoglobulin (IVIg) is a blood derived medicinal product prescribed for a range of medical conditions. Clinical evidence strongly supports the use of IVIg as firstline therapy in three neurological disorders; chronic inflammatory demyelinating polyneuropathy (CIDP), Guillain–Barré syndrome (GBS) and multifocal motor neuropathy. There are an increasing number of other neurological conditions where IVIg is used despite limited evidence based data. Careful consideration of the efficacy of IVIg in each indication is required as it is a limited resource associated with high costs and potential supply shortages.

Aim and objectives To review the clinical indications for IVIg use in neurology patients at the Mater Misericordiae University Hospital (MMUH) and to compare prescribing practices to international evidence based guidelines.

Material and methods All neurology patients treated with IVIg between 2016 and 2018 were retrospectively reviewed using patient medical notes and pharmacy functionalities at the MMUH. Data collected included indication, dose prescribed, total number of IVIg courses, use of alternative therapies before IVIg and documentation of clinical benefit. Results were compared with international evidence based guidelines and verified by a neurology consultant.

Results 67 patients were included in the study. IVIg was prescribed for 15 indications. The most common were GBS, myasthenia gravis and CIDP. 31 patients received IVIg for licensed indications, whereas 36 patients received IVIg for unlicensed indications. The level of evidence from international evidence based guidelines supported the use of IVIg for most indications.

Conclusion and relevance This study demonstrated that IVIg was prescribed for a variety of neurological conditions at the MMUH, the majority of which were unlicensed. IVIg use was supported for most indications compared with international evidence based guidelines. However, IVIg was prescribed for several indications despite limited evidence of efficacy. This study highlights the need for evidence based clinical practice guidelines for IVIg use at the MMUH and Ireland.

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4CPS-263 CASE REPORT OF KAWASAKI DISEASE AND SARS-COV-2 INFECTION IN A PAEDIATRIC HOSPITAL

[1]E Murrja*, [2]A Simonini, [3]GB Ortenzi, [3]R Sentinelli, [3]AMF Garzone, [3]E Andresciani, [3]S Pelliccioni, [4]A Pompilio. [1]*Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Farmacia, 60123, Italy*; [2]*Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I- GM Lancisi-G Salesi, Sod Rianimazione, Ancona, Italy*; [3]*Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Farmacia, Ancona, Italy*; [4]*Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Farmacia, Ancona, Italy*

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Background and importance Kawasaki disease (KD) is a systemic vasculitis of unknown aetiology that affects children younger than 5 years old. The SARS-CoV-2 COVID pandemic highlighted cases reported to have an association between SARS-CoV-2 infection and KD. Clinical analogies verified between the two conditions open new perspectives with regard to aetiopathogenesis.

Aim and objectives To describe a severe hyperinflammation case of a 9-year-old girl (27 kg,131 cm), previously healthy (mother tested positive for SARS-CoV-2; symptoms of high fever, diarrhoea, headache, abdominal pain), with clinical data regarding the association of SARS-CoV-2 infection and KD.

Material and methods In collaboration with the clinician, we reviewed a medical chart of a KD SARS-CoV-2 associated case, diagnosed between January and July 2020.

Results On 16 April 2020, a 9-year-old girl was admitted to the emergency department for suspicion of acute abdomen with an associated persistent fever. Nasopharyngeal swab and bronchoalveolar lavage tests for SARS-CoV-2 were negative. Abdominal ECO showed lymphadenomegaly due to hyperinflammation and CT scan reported evidence of interstitial, parenchymal thickening and pulmonary infiltration. Echocardiogram showed normal coronary arteries with minimal pericardial effusion. Broad spectrum empirical antibiotics were started. On 18 April (illness day 7) respiratory distress appeared, a critical condition similar to a shock