### Criteria explanatory notes

The following table provides an explanation of the terms used in the medical condition criteria.

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| **Item** | **Description** |
| **Indication for use** | Specifies the purpose for which immunoglobulin would be considered and funded under the national blood arrangements once the condition has been confirmed using the diagnostic parameters. The indication generally refers to the prevention or management of a particular manifestation of disease. |
| **Level of evidence** | During the development of the Criteria, an assessment of the level of evidence was conducted and graded based on the National Health and Medical Research Council handbook. |
| **Justification for evidence** | Justification for evidence is the category of available evidence on the effectiveness of IVIg therapy for a diagnosed condition. |
| **Qualifying Criteria** | The qualifying criteria are the items required to meet the criteria for access. Qualifying criteria are separated with an operator of AND/OR, both between groups and within groups. |
| **Exclusion Criteria** | Exclusion criteria define the circumstance in which IVIg/SCIg should not be used in patients who have the specified indication. |
| **Review criteria** | Review criteria are the major clinical factors that should be taken into account when reviewing the progress of a patient receiving immunoglobulin therapy. They comprise parameters that indicate the patient’s response to therapy. They are separated with an operator of AND/OR, both between groups and within groups. |
| **Dose** | The specification for the type of dose (ie. Maintenance, Induction), the amount and frequency. |

### **Cover Sheet**

**Please ensure that all details on this page are completed.**

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| Is this submission being made on behalf of an organisation? (Y/N)  If (Y) complete the rest of this form If (N) continue to feedback form | | | | |  | |
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| **Authorising Person** |  | Name |  | | | |
| Position |  | | | | | |
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*\* Personal information on this form is collected to enable the NBA to clarify or seek further information on submissions, if required.*

### **Feedback**

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| **Medical condition** | **Indication for Use** | **Item** | **Comments** |
| Eg. Acute disseminated encephalomyelitis (ADEM) | Eg. Monophasic ADEM unresponsive to steroid therapy or where steroids are contraindicated. | Eg. Qualifying Criteria, Review Criteria or Dose |  |
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