Version 2

Please don't Ignore this.

The Ig Criteria are changing.

Version 3

FACTSHEET FOR HEALTH PROFESSIONALS:

- Paraneoplastic cerebellar degeneration
- Paraneoplastic Subacute Sensory Neuropathy

(formerly Paraneoplastic neurological syndromes)

! no longer supported

Indication for Ig use:

- **Not Applicable**

WHY ARE THE *CRITERIA* CHANGING?

The *Criteria for Immunoglobulin Use in Australia* (the *Criteria*) is changing to Version 3. These changes will apply in BloodSTAR from 22 October 2018.

Immunoglobulin (Ig) is a precious biological product, and as such, its use should be consistent with the evidence base and prescribed for the treatment of patients who are likely to benefit from immunoglobulin therapy, and for whom there are no safe and effective alternative treatments.

The continual significant annual growth in Ig use, the high cost of Ig products and the potential for supply shortages have maintained the focus of Australian governments on ensuring use remains consistent with an evidence-based approach and that Ig is able to be accessed under the National Blood Arrangements for those patients with the greatest clinical need.

The *Criteria* describes the conditions and indications for which the use of Ig is appropriate and funded under the National Blood Agreement. The *Criteria* was developed and has been subsequently reviewed by expert specialist working groups using the best available medical evidence.

HOW DOES IT AFFECT ME?

- The *Criteria* requires that the treating medical specialist in BloodSTAR must be a particular type of specialist. These specialist types are confirmed in accordance with registration in the Australian Health Practitioners Regulation Agency (AHPRA).
- The qualifying criteria will be more definitive in some conditions and additional evidence will be required. It may take a little more time to complete the additional information required.
- While higher doses may be initially required to gain control of active disease in some conditions, the minimal effective dose should be used for ongoing treatment.
- Formal review will always be needed to continue receiving funded Ig.
- Medical officers are asked to enter outcomes into the review criteria for all conditions, not just those that require continuing therapy. This will support future development of the *Criteria*.
- There will be better guidance for patient eligibility and requirements to trial off Ig therapy.

REVISION SUMMARY FOR

- PARANEOPLASTIC CEREBELLAR DEGENERATION
- PARANEOPLASTIC SUBACUTE SENSORY NEUROPATHY

(FORMERLY PARANEOPLASTIC NEUROLOGICAL SYNDROMES)

! NO LONGER SUPPORTED

- Ig therapy is not supported for paraneoplastic cerebellar degeneration, associated with onconeural antibodies directed against intracellular antigens (Yo, Ma2, Hu, Ri).
- Ig therapy is not supported for paraneoplastic subacute sensory neuropathy, associated with onconeural antibodies directed against intracellular antigens (Hu, Ri, CV2/CRMP5).
- Response to immune therapy is poor in these paraneoplastic disorders, likely due to cytotoxic T-cell mediated neuronal loss. Therefore, onconeural autoantibodies are considered biomarkers for the presence of tumours rather than pathogenic mediators of neurologic disease, and should motivate the search for an associated malignancy.
- Tumour resection and/or oncological treatment are the most effective therapies for these paraneoplastic neurologic syndromes, with case series reporting variable roles for corticosteroids, cyclophosphamide and rituximab.
- Existing patients will remain on current arrangements until authorisation expiry.