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| Condition Name | Summary of Proposed Changes |
| Immunology |
| Anti-neutrophil cytoplasmic antibody (ANCA) [Proteinase 3 (PR3) or myeloperoxidase (MPO)]- positive systemic necrotising vasculitis | * A nephrologist has been added to the list of specialists who can diagnose and review this condition
* Rituximab must have been trialled and failed
* A response is required to be demonstrated to allow access to continued treatment
* Initial treatment is allowed for six months, after which time patients must requalify under a relapse indication
* See the condition proforma for detailed information
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| Autoimmune congenital heart block(formerly Autoimmune congenital heart block (neonatal lupus) | * Neonatal lupus has been removed from the name as there are other manifestations of neonatal lupus
* The diagnosis must be made by an obstetrician or clinical immunologist
* Three indications have been added to support three differing qualifying criteria and treatment periods
* Except where previous pregnancies have been affected, heart block and maternal anti-Ro and/or anti-La antibodies must be present to qualify for Ig therapy

See the condition proforma for detailed information |
| Autoimmune retinopathy (formerly Autoimmune uveitis) | * Name has been changed to more clearly describe the sub-group of patients who would be eligible for Ig therapy
* An ophthalmologist is required diagnosis and to provide ongoing assessment of the eyes, along with another specialist who will manage Ig therapy
* Review is required within first 3 months and annually thereafter
* The tests required for diagnosis and review have been specified by the Royal Australian and New Zealand College of Ophthalmologists
* Requirement for steroids and immunosuppressants to have been trialled and failed, or contraindicated
* See the condition proforma for detailed information
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| Catastrophic anti-phospholipid syndrome (CAPS) | * The indication has been more clearly defined and acknowledges the role steroids and plasmapheresis in this condition
* Patients with chronic recurrent thrombosis have been excluded
* The diagnosis must be made by a clinical immunologist or a haematologist
* See the condition proforma for detailed information
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| Epidermolysis bullosa acquista (EBA) | * Two indications have been developed to provide access for initial therapy, and for continued treatment for worsening disease after a trial off therapy
* The diagnosis must be made by either a dermatologist or a clinical immunologist and review which is required in the first four months and annually thereafter
* The diagnosis must confirmed by biopsy and immunofluorescence

Requirement for steroids and immunosuppressants to have been trialled and failed, or contraindicated* See the condition proforma for detailed information
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| Graves Ophthalmopathy | * Access is now limited to those with severe disease, and in whom both corticosteroids and immunosuppressants have been trialled and failed, or are contraindicated
* In addition, two alternative treatments (eg Cyclosporine, Methotrexate, orbital radiotherapy or orbital decompression surgery), must have also been trialled and failed
* *Bartelena Activity Score measures of severity* will now be required to assess improvement which must be demonstrated to receive ongoing therapy
* An ophthalmologist or clinical immunologist is required for diagnosis and review which is required within the first three months and six monthly thereafter
* See the condition proforma for detailed information
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| HIV in children | * It is proposed that this condition will no longer be supported for funded access to immunoglobulin treatment as there are more effective treatments for this condition
* See the condition proforma for detailed information
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| Myocarditis in Children | * It is proposed that this condition will no longer be supported for funded access to immunoglobulin treatment as there are more effective treatments for this condition
* See the condition proforma for detailed information
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| Pyoderma gangrenosum (PG) | * Two indications have been defined: one for initial treatment and the other for relapse in responding patients
* Requirement for severe persistent ulceration and impact on quality of life
* Requirement for other therapies (corticosteroids, immunosuppressant medication and biologic therapy) to be trialled and failed, if not contraindicated
* a dermatologist or clinical immunologist is required for diagnosis and review which is required within the first three months and six monthly thereafter
* A trial off therapy is recommended once disease is controlled
* See the condition proforma for detailed information
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| Scleromyxedema | * Two indications have been developed to support differing types of disease: skin involvement only and systemic disease
* For patients with disease limited to the skin there is a requirement to have trialled and failed other therapies (corticosteroids, immunosuppressant medication), if not contraindicated
* To receive Ig as first line therapy, a skin biopsy proving Scleromyxedema and evidence of systemic manifestations is required
* A dermatologist or clinical immunologist is required for diagnosis and review which must occur six monthly
* A trial off is therapy is recommended once disease is stable or in remission
* See the condition proforma for detailed information
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| Systemic capillary leak syndrome (SCLS) | * The symptoms of shock must be described to establish sufficient severity of a life threatening nature including that hospitalisation has been required on more than one occasion
* Clinical immunologists have been added to the list of specialists who can make the diagnosis
* Reviews must be undertaken by a general physician or a clinical immunologist within the first six months and then annually thereafter
* A trial off is therapy is recommended once disease is stable or in remission
* See the condition proforma for detailed information
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