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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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |