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| Condition Name | Summary of Proposed Changes |
| Neurology |
| Neuromyelitis optica spectrum disorder (NMOSD)(formerly Devic’s disease) | * The revised name more accurately reflects the condition
* Specific conditions reflect diagnoses within the spectrum and differing serology results
* Two indications have been defined to manage initial treatment and relapse
* Patients will be required to be assessed using a formal assessment method (Expanded Disability Scale)
* Benefit must be demonstrated at review for authorisation of continued treatment
* A trial of weaning will be considered after 12 months to identify patients in remission
* Neurologist required for diagnosis and review which is required each 6 months
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| Rasmussen encephalitis(formerly Rasmussen syndrome) | * The revised name more accurately reflects the inflammatory nature of the condition
* Requirement for steroids to have been trialled and failed, or contraindicated
* Patients will be required to be assessed using a formal assessment method (Modified Rankin Scale)
* Benefit must be demonstrated at review for authorisation of continued treatment
* A trial of weaning will be considered after 18 months once patients have stabilised symptoms
* Neurologist required for diagnosis and review which is required after first 6 months and annually thereafter
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| Susac Syndrome | * Requirement for concurrent steroid treatment unless contraindicated
* Patients will be required to be assessed using a Modified Rankin Scale
* Diagnosis is required by one of: neurologist, immunologist, rheumatologist or ophthalmologist
* Specialist review is required after first 4 months and annually thereafter
* Benefit must be demonstrated at review for authorisation of continued treatment
* A trial off Ig therapy is required after 12 months unless contraindicated
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| Childhood epileptic encephalopathy (formerly Epilepsy) | * The revised name more accurately reflects the condition
* One of four specific conditions must be confirmed by electroencephalograph (EEG)
* Two indications have been added to allow specific dosing and review criteria in initial and relapsing scenarios
* Patients will be required to be assessed at qualifying and review for frequency of seizures and changes in neurodevelopmental or neurocognitive function
* Neurologist required for diagnosis and review which is required within first 3 months and annually thereafter
* Benefit must be demonstrated at review for authorisation of continued treatment
* A trial of weaning will be considered each 12 months to identify if the patient is in remission
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| Paediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) or Paediatric Acute Neuropsychiatric Disorders (PANS) (formerly PANDAS) | * Allows for neuropsychiatric disorders not necessarily triggered by streptococcal infection
* Access has been limited to patients with significant impairment requiring intervention who are unresponsive to antibiotic therapy and in whom oral corticosteroids have failed or a contraindicated
* Patients will be required to be assessed using a formal assessment method (Modified Rankin Score)
* Neurologist or immunologist is required for diagnosis and review which is required after the first month and three monthly thereafter
* Improvement must be demonstrated at review for authorisation of continued treatment
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| Autoimmune encephalitis mediated by antibodies targeting cell-surface antigens (AMAE)(includes Hashimoto’s encephalopathy, limbic encephalitis – non-paraneoplastic, limbic encephalitis – paraneoplastic and potassium channel antibody-associated encephalopathy) | * Conditions previously listed separately have been included here, as they are all types of antibody mediated autoimmune encephalitis
* A number of specific conditions have been defined to identify the type of antibody involved, and allow for circumstances where a specific antibody has not yet been identified, but is suspected
* Indications have been revised to support different criteria for groups not previously distinguished
* Patients will be required to be assessed using a formal assessment method (Modified Rankin Score)
* Qualifying criteria require one or more of the following tests CSF, EEG and/or MRI
* If benefit has not been demonstrated after 3 months of Ig therapy at the initial review, a second line immunosuppressant agent must have been added to the patient treatment
* Review by a neurologist is required within 3 months and six monthly thereafter
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| Hashimoto’s encephalopathy | * This condition will no longer be listed separately as patients can qualify where they have autoimmune encephalitis under Autoimmune encephalitis mediated by antibodies targeting cell-surface antigens (AMAE) (see above)
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| Limbic encephalitis – non-paraneoplastic and paraneoplastic | * This condition will no longer be listed separately as patients can qualify where they have autoimmune encephalitis under Autoimmune encephalitis mediated by antibodies targeting cell-surface antigens (AMAE) (see above)
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| Potassium channel antibody-associated encephalopathy | * This condition will no longer be listed separately as patients can qualify where they have autoimmune encephalitis under Autoimmune encephalitis mediated by antibodies targeting cell-surface antigens (AMAE) (see above)
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| Diabetic Amyotrophy | * 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
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| Paraneoplastic neurological syndromes | * 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
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| Sjogren’s syndrome associated neuropathy(formerly Sjogren’s syndrome) | * The name has been changed to reflect that treatment with Ig therapy is only appropriate for Sjogren’s syndrome associated neuropathy (other than vasculitic neuropathy) and not other manifestations of the disease
* Two indications have been defined to manage primary neuropathy and relapse after discontinued use
* Patients will be required to be assessed using a formal assessment method (Modified Rankin Score or other)
* Diagnosis is required by a neurologist, clinical immunologist or rheumatologist and review is required by one of these specialists within the first four months and annually thereafter
* Improvement must be demonstrated at review for authorisation of continued treatment
* A trial of weaning should be considered two years after relapse
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