

Immunoglobulin Requesting Advice Form

Introduction

The provision of Immunoglobulin was adopted as a Specialist Commissioning Service by the NHS Commissioning Board in April 2012. The process builds upon the existing DoH Management programme for Immunoglobulin (Ig) use in the NHS with the following important changes:

- The payment for Immunoglobulin use undertaken by Trusts is now provided by the Specialist Commissioners within each cluster Strategic Health Authority, and NOT directly from Clinical Commissioning Groups.
- Payment is linked to appropriate prescribing practices that are in accordance with the DoH Clinical Guideline 2nd edition Update 2011
- New requests for Immunoglobulin use need to identify the efficacy measures that will be used to evaluate the effectiveness of Ig use.
- For long term indications a detailed description of the selection criteria and efficacy tracking evaluations will be needed to support further Ig provision.
- A Regional Multi-Trust Immunoglobulin Advisory Panel will replace current Trust specific IAP, with each Trust maintaining a clinical and pharmacy lead for Ig provision and each contributing to the Regional IAP.
- Short term Red, Blue and Grey use applications will be administered by the local clinical and pharmacy leads, with advice from Designate Regional Clinical Lead when needed, and all will be reviewed at the monthly Regional Multi Trust IAP
- Long term Red, Blue and Grey use applications will be administered by the Regional Multi Trust IAP as will all annual reviews for existing long term users
- A pre approved list of emergency short term uses is provided at each Trust, with retrospective review at the Multi Trust IAP.

COMMON SHORT TERM USES (including Emergency indications)

SHORT	NEUROLOGY	HAEMATOLOGY	OTHER
RED	<ul style="list-style-type: none"> • Guillian-Barre 	<ul style="list-style-type: none"> • Immune thrombocytopenia • Alloimmune thrombocytopenia • Haemolytic Disease of the newborn 	<ul style="list-style-type: none"> • Kawasaki's Disease • Toxic Epidermal Necrolysis
BLUE	<ul style="list-style-type: none"> • Myasthenia Gravis (+LEMS)* 	<ul style="list-style-type: none"> • Autoimmune Haemolytic Anaemia* • Acquired Red cell Aplasia* • Post Transfusion Purpura* • Haemophagocytic Syndrome* • Autoimmune Coagulation Factors 	<ul style="list-style-type: none"> • Necrotising Staphylococcal (PVL associated sepsis* • Severe/Recurrent <i>C Difficile</i> colitis* • Streptococcal or Staphylococcal Toxic Shock Syndrome* • Transplantation (AIT/AMR/Viral pneumonitis)* • Autoimmune congenital heart block/myocarditis • Autoimmune Uveitis
GREY	<ul style="list-style-type: none"> • Acute Disseminated Encephalomyelitis* 		

*Emergency Use – Automatic approval for critically patients when supported by completed request form including baseline selection and outcome measures

COMMON LONG TERM USE

LONG	NEUROLOGY	IMMUNOLOGY	OTHER
RED	-	<ul style="list-style-type: none"> • Primary Immunodeficiency • Specific Antibody Deficiency 	-
BLUE	<ul style="list-style-type: none"> • Chronic Inflammatory Demyelinating Polyradiculoneuropathy • Multifocal motor Neuropathy • Paraprotein Associated Demyelinating Neuropathy • Stiff person Syndrome • Rasmussen syndrome 	<ul style="list-style-type: none"> • Secondary Antibody Deficiency 	<ul style="list-style-type: none"> • Inflammatory myopathies • Immunobullous disease
GREY	-		-

A list of other Grey indications is available in the DoH Guideline update (<http://www.ivig.nhs.uk/clinicinfo.html>) together with the Black conditions which are not suitable for Immunoglobulin treatment.