

## Submitting Review Outcomes and Creating a Continuing Authorisation Request

If a patient requires a [Continuing Treatment](#), a [Review](#) or to [Cease Treatment](#) for Immunoglobulin (Ig), a **Review Outcomes Form** will need to be submitted through a [Record Review](#).

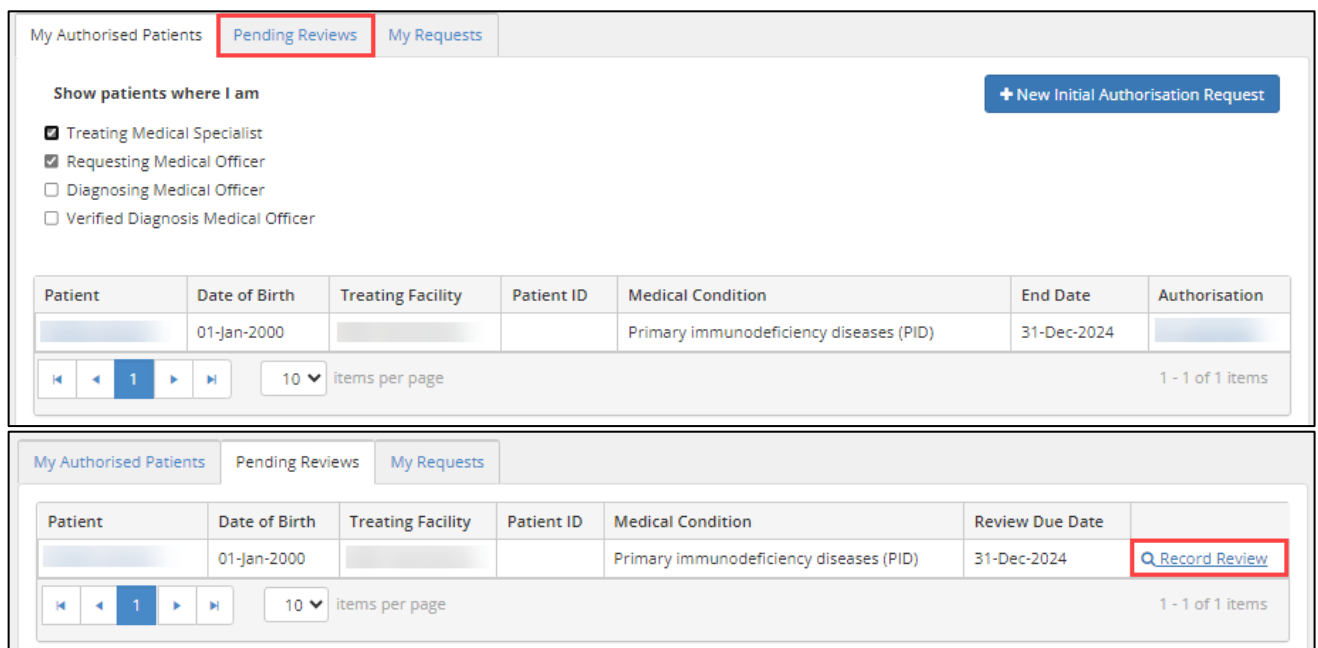
The form can be found through the following methods:

1. Home page under **Pending Reviews** tab
2. **Patient Record** page under **Current Authorisation**
3. **View Authorisation** page under **Record Review** tab
4. **BloodSTAR Messages** page under **Review Reminder**

### How to Navigate to the Review Outcome Form – Record Review

#### Option 1:

From the Home page, select the **Pending Review** tab. Select **Record Review** on the patient that requires the review.



The screenshot shows the BloodSTAR interface with the 'Pending Reviews' tab selected. Below the tabs, there are filters for 'Show patients where I am' with checkboxes for 'Treating Medical Specialist', 'Requesting Medical Officer', 'Diagnosing Medical Officer', and 'Verified Diagnosis Medical Officer'. A table lists patient information, including Patient, Date of Birth, Treating Facility, Patient ID, Medical Condition, End Date, and Authorisation. The 'Record Review' link is highlighted in red.

Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	End Date	Authorisation
	01-Jan-2000			Primary immunodeficiency diseases (PID)	31-Dec-2024	<a href="#">Record Review</a>

#### Option 2:

From the **Patient Record** page, scroll down to **Current Authorisation** and select **Record Review** on the bottom right-hand corner.

## Patient Record

### Patient Details

**Patient** [Redacted]  
**Date of Birth** [Redacted]  
**State** NSW  
**Postcode** 2200  
**IHI**  
**Mortality** Living  
**Privacy Consent Status** Consent Obtained

[Edit](#)

## Current Authorisation

Authorisation [Redacted] ▼

**Authorisation Number** [Redacted]  
**Authorisation Date** 22-Aug-2024  
**Medical Condition** Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT  
**Specific Condition** Non-Hodgkin lymphoma (NHL)  
**Indication** Prevention of recurrent bacterial infections due to hypogammaglobulinaemia associated with haematological malignancies or post haemopoietic stem cell transplant  
**Treating Specialist** [Redacted]  
**Regimen**

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (IVIg)	PRIVIGEN AU - 35.00 g every 4 weeks.	Intravenous	<a href="#">+ Request Change</a>

[+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)  
[+ Request Additional Supplementary Dose \(IVIg\)](#)  
[+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)  
[+ Request Additional Supplementary Dose \(SCIg\)](#)

**Authorisation End Date** 11-Feb-2025 Continuing supply is conditional on a review being conducted within 8 weeks of this Authorisation End Date (by 08-Apr-2025).  
**Final Dose Planned Date** 14-Jan-2025  
**Treating Facility** [Redacted]  
**Administering Facility** [Redacted]  
**Dispensing Facility** [Redacted]  
**Last Dispensed Date** 24-Sep-2024

[View Treatment Plan](#)

[Edit](#)

[+ Record Review](#)

### Option 3:

From the **View Authorisation** page, select the **Record Review** tab. Select **+ Record Review** button.

### View Authorisation

#### Patient Details

Patient

[Add](#)

Authorisation Details

**Record Review**

Authorisation History

Assessment Amendment History

Authorisation Number

Approval Date 04-Nov-2024

Authorisation Details

Record Review

Authorisation History

Assessment Amendment History

Review Outcomes have not been recorded for this Authorisation.

[+ Record Review](#)

#### Option 4:

Once an approved Immunoglobulin (Ig) Authorisation is nearing or has just exceeded its expiry date, BloodSTAR will notify Medical Officers involved with the authorisation and prompt them to submit review outcomes and will provide the option to submit a Record Review Outcomes.

#### Review Reminder - DOE, John

11-Jun-2016

This patient is due for clinical review in accordance with the criteria for access to immunoglobulin products supplied under the national blood arrangements.

To access continued treatment for this patient you must complete a clinical review and submit a Continuing Authorisation Request **before 25-Jul-2016**. Failure to request continuing authorisation will cease the patient's access to treatment and you will be required to submit a new Initial Authorisation Request if continuing treatment is required.

For further information please contact the Authoriser on 02 62123456789

[Record Review Outcomes](#)

Before requesting for a continuing authorisation request, check there are no more remaining doses on the current treatment plan. If there are planned doses remaining, they will be deleted after a new continuing authorisation request is submitted.

**Note:** A request for continuing supply is conditional on a review being conducted within 8 weeks of the **Authorisation End Date** with specified date displayed in brackets.

Remaining doses can be checked through the following 3 options:

### Check remaining doses for a patient's authorisation

**Option 1:**

From the **Patient Record** page, scroll down to **Current Authorisation** under **Final Dose Planned Date**. This will also be displayed on the **View Authorisation** page.

This section will display either:

- A date which is based on the *planned date or partially dispensed*, or
- *No remaining dose* text will display if there are no remaining planned doses.

#### Current Authorisation

Authorisation [redacted]

**Authorisation Number** [redacted]

**Authorisation Date** 05-May-2016

**Medical Condition** Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)

**Specific Condition** Hypogammaglobulinaemia following B cell depletion therapy

**Indication** Replacement therapy for recurrent or severe bacterial infections or disseminated enterovirus infection associated with hypogammaglobulinaemia caused by a recognised disease process or B cell depletion therapy and/or immunosuppressant therapy

**Treating Specialist** [redacted]

**Regimen**

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g, in 8 divisions, every 8 weeks. 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g	Subcutaneous	<a href="#">+ Request Change</a>

[+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)

[+ Request Additional Supplementary Dose \(IVIg\)](#)

[+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)

[+ Request Additional Supplementary Dose \(SCIg\)](#)

**Authorisation End Date** 18-Jun-2025 Continuing supply is conditional on a review being conducted within 8 weeks of this Authorisation End Date (by 13-Aug-2025).

**Final Dose Planned Date** 23-Apr-2025

**Treating Facility** [redacted]

**Administering Facility** [redacted]

**Dispensing Facility** [redacted]

**Last Dispensed Date** 06-Sep-2024

[View Treatment Plan](#)

[Edit](#) [Record Review](#)

**Option 2:**

From the **Patient Record** page, scroll down to **Current Authorisation** select **Treatment Plan** hyperlink. The **Treatment Plan** will pop-up. Scroll down to the bottom where the final planned date will be displayed.

### Current Authorisation

Authorisation [redacted]

**Authorisation Number** [redacted]

**Authorisation Date** 05-May-2016

**Medical Condition** Secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency)

**Specific Condition** Hypogammaglobulinaemia following B cell depletion therapy

**Indication** Replacement therapy for recurrent or severe bacterial infections or disseminated enterovirus infection associated with hypogammaglobulinaemia caused by a recognised disease process or B cell depletion therapy and/or immunosuppressant therapy

**Treating Specialist** [redacted]

**Regimen**

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g, in 8 divisions, every 8 weeks. 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g; 5.00g	Subcutaneous	<a href="#">+ Request Change</a>

[+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)

[+ Request Additional Supplementary Dose \(IVIg\)](#)

[+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)

[+ Request Additional Supplementary Dose \(SCIg\)](#)

**Authorisation End Date** 18-Jun-2025 Continuing supply is conditional on a review being conducted within 8 weeks of this Authorisation End Date (by 13-Aug-2025).

**Final Dose Planned Date** 23-Apr-2025

**Treating Facility** [redacted]

**Administering Facility** [redacted]

**Dispensing Facility** [redacted]

**Last Dispensed Date** 06-Sep-2024

[View Treatment Plan](#)

[Edit](#) [+ Record Review](#)

#### Treatment Plan

This treatment plan does not constitute a prescription for immunoglobulin products.

Planned Date	Dose Type	Dose	Status	Requested	Expected Infusion Date	Date Dispensed	Dispensed
11-Sep-2024	Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g in 8 divisions	Dispensed		11-Sep-2024	06-Sep-2024	<a href="#">Q 40.00g of 40.00g</a>
06-Nov-2024	Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g in 8 divisions	Planned	✓	06-Nov-2024		
01-Jan-2025	Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				
26-Feb-2025	Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				
23-Apr-2025	Maintenance Dose (SCIg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				

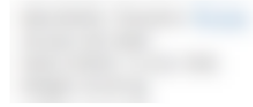
[Close](#)

**Option 3:**  
From the **View Authorisation** page, scroll down to the bottom of the **Treatment Plan** where the final planned date will be displayed.

### View Authorisation

#### Patient Details

Patient



#### Treatment Plan


This treatment plan does not constitute a prescription for immunoglobulin products.

Planned Date	Dose Type	Dose	Status	Requested	Expected Infusion Date	Date Dispensed	Dispensed
06-Nov-2024	Maintenance Dose (SClg)	Hizentra 20% - 40.00 g in 8 divisions	Planned	✓	06-Nov-2024		
<a href="#">01-Jan-2025</a>	Maintenance Dose (SClg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				
26-Feb-2025	Maintenance Dose (SClg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				
23-Apr-2025	Maintenance Dose (SClg)	Hizentra 20% - 40.00 g in 8 divisions	Planned				

## Submitting a Review Outcome Form – Requesting Continuing Treatment

1. On the **Review Outcome Form**, fill in the Review Details, Review Criteria and select **Request Continuing Treatment** in the Review Outcome.

Review Details


**Review Date \***  

**Reviewing Medical Officer \*** [I am the Reviewing Medical Officer](#)  
[Select existing Treating Medical Specialist](#)  
[Nominate a Reviewing Medical Officer](#)

The Criteria requires that a review must be undertaken by a specialist.

Review Criteria

**Select all review criteria that the patient's condition meets**

Initial review is required within six months and ongoing reviews by a specialist at least annually to assess clinical benefit. Documentation of clinical effectiveness is necessary for continuation of Ig therapy. [Read more](#) 

Monitoring of trough or serum immunoglobulin levels (IgG, IgA and IgM) and any history of infection

**AND**

There should be regular consideration of a trial period of cessation of Ig for the purposes of immunological evaluation unless medically contraindicated on safety grounds (for example active bronchiectasis and/or suppurative lung disease, neutropenia, or ongoing immunosuppressant medication) or where there is persistence of the underlying condition that would result in severe hypogammaglobulinaemia in the absence of Ig replacement therapy. Trial cessation is best commenced in September or October.

When IgA and IgM are trending upwards and close to normal and the patient is well, a trial off therapy (in September or October) is considered to allow immunological re-evaluation, or is medically contraindicated.

Please note: A diagnosis of bronchiectasis and/or suppurative lung disease must be consistent the guideline of the Thoracic Society of Australia and New Zealand (Chang AB et al. 2014).

Review Outcome

**Review Outcome \***

**Request Continuing Treatment**  
These review outcomes provide supporting information for the assessment of an additional authorisation period.

**Review Only**  
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

**Cease Treatment**  
End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.



**Note:** When requesting continuing treatment, if no doses have been dispensed on the patient's current authorisation, a blue notification will be displayed, and the option can't be selected. The message is as follows.

Review Outcome

**Review Outcome \***

Request Continuing Treatment

**i** A review outcome of continuing treatment cannot be requested as no doses have been dispensed on the patient's authorisation. If continuing treatment is required, contact the dispensing facility to add dispenses to this patient's record before completing the review.

Review Only

Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

Cease Treatment

End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.

2. The page will update, displaying the Continuing Authorisation Request.

**Note:** If there are planned doses remaining in the current treatment plan, it will be deleted and the Date Required can't be selected before this date. A warning message will be displayed, and the message is as follows

Continuing Authorisation Request

**i** **Current Doses**

<b>Maintenance Dose (IVig):</b>	PRIVIGEN AU - 20.00 g (0.20 g/kg) every 2 weeks.
<b>Loading Dose (IVig):</b>	PRIVIGEN AU - 80.00 g (0.80 g/kg).

**⚠** Requesting continuing treatment will delete all the following planned doses on the current treatment plan. Please ensure the Date Required on this request is the date of the next infusion.

- 05-Nov-2024 - Maintenance Dose (IVig) - PRIVIGEN AU - 20.00 g
- 19-Nov-2024 - Maintenance Dose (IVig) - PRIVIGEN AU - 20.00 g
- 03-Dec-2024 - Maintenance Dose (IVig) - PRIVIGEN AU - 20.00 g

3. Fill in all the relevant fields below.

**Note:** BloodSTAR will display the patients **Last Recorded Weight** if there was a previous authorisation request



Patient Weight \*  kg  
Last Recorded Weight: 100.00 kg

Patient Height  cm

Use Ideal Body Weight Adjusted Dosing [?](#)

Ideal body weight adjusted dosing is recommended in patients who:

- are aged over 18 years
- are greater than 152cm in height
- are not pregnant
- weigh more than the Dose Determining Weight (mandatory)

Please note that more than one dose type can be selected where available and clinically appropriate.

### Intravenous Doses

Disseminated Enterovirus Dose (IVIg)

**Description:** One dose of 2g/kg at any stage is permitted (in addition to the maintenance dose) in the management of disseminated enterovirus infection.

Maintenance Dose (IVIg)

**Description:** 0.4–0.6g/kg every four weeks or more frequently, to achieve IgG trough level of at least the lower limit of the age-specific serum IgG reference range. More frequent dosing to achieve IgG trough level of up to 9 g/L is permitted if chronic suppurative lung disease is not adequately controlled at an IgG trough level at the lower limit of the age-specific serum IgG reference range. A total dose of up to 1 g/kg may be given over any four week period.

**Current Dose** PRIVIGEN AU - 40.00 g (0.40 g/kg) every 4 weeks.

**Infusion Method \***

**Product** The allocated Intravenous product for this condition is **PRIVIGEN AU**. [?](#)

Available sizes: **5.00 g, 10.00 g and 20.00 g**

The allocated product is based on the most recently approved product for the patient.

**Request a different product**

**Set using patient's current dose** [?](#)

**Dose / Kg \***  g

**Total Dose \***  g

**Frequency \*** Every  Weeks  for  course(s)

**Date Required \***  [?](#)

**Approximate End Date** [?](#)

**Dose will be administered as a divided dose** Dose cannot be divided due to available product sizes.

**Comments**

Subcutaneous administration of immunoglobulin can be considered as an alternative to IVIg.



**Note:** The system will prepopulate the **Date Required** to be the same as the next planned date and display a message saying Date required matches the next planned date. There is no treatment gap.

**Date Required \***  [?](#)

**Approximate End Date** [?](#)



Date required matches the next planned date. There is no treatment gap.

**Note:** If the date required is changed, creating a *treatment gap*, the system will display a pop-up message advising the date entered creates a treatment gap and will suggest an alternative treatment date to avoid a gap in treatment. The suggested date is based on the frequency selected in the new request.

Requested Date Confirmation x

Approval of this continuing authorisation request will override the current authorisation and cancel any undispensed doses.

The **Date Required** selected falls outside the chosen frequency. Proceeding may cause a gap in the patient's treatment plan since their last treatment was on **31-Mar-2023**. Based on the frequency selected, the next expected dose would be **28-Apr-2023**.

To prevent a gap in the treatment plan, should **28-Apr-2023** be the Date Required?

There are two ways of recording patient review outcomes.

**Option A:** If you select **No – keep the date entered**, the date you entered (e.g. 20 May 2023) will become the date of the first approved dose for this Continuing Authorisation Request. This may cause a gap in the treatment as specified in the pop-up.

**Option B:** If you select **Yes – change date to [Insert date]**, the date suggested by the system (e.g. 28 April 2023, in the example above) will be the date of the first dose for this Continuing Authorisation Request. This function is designed to reduce the number of unintentional gaps in a patient's treatment plan.

- Once complete, confirm contact details and tick the box to indicate all information submitted is accurate and true. Select **Submit**.

Submission

To assist with the assessment of this request please enter a contact name and number(s) for an authoriser to contact you if needed.

**Contact Name \***

**Contact Number(s) \***

This request is ready for submission. Please review the request details and click 'Submit' to submit this request.

I acknowledge the governance and management arrangements for the appropriate supply and use of immunoglobulin products, funded under the national blood arrangements, and the provision of information required to support authorisation. To the best of my knowledge, the information provided in this form is true and correct.

I have explained to the patient (or parent/carer/guardian) and I believe that they are aware of and understand:

- the risks and benefits of treatment with immunoglobulin products and alternative treatments (where these exist),
- the national access conditions and governing requirements for the appropriate supply and use of immunoglobulin products
- under the national blood arrangements, including that immunoglobulin products may need to change from time to time
- (for patients requiring ongoing treatment only) the nature of ongoing monitoring and review and that access to product will cease if response to treatment does not demonstrate clinical benefit.

- A notification will acknowledge the request has been submitted for Lifeblood Authorisers to review, and the outcome will be displayed in BloodSTAR Messages.

### Request Submitted



Your request has been submitted for assessment. You will be advised of the outcome of the assessment via BloodSTAR Messages. ✕

Request Date:

Patient:

Requesting Medical Officer:

Urgency:

Reference Number:




Medical Officers can review a patient’s authorisation without requesting for continuing treatment.

### Review Outcome Form – Review Only

1. On the **Review Outcome Form**, fill in the Review Details, Review Criteria and select **Review Only** in the Review Outcome.

Review Details

Review Date \* 11-Nov-2024 


Reviewing Medical Officer \* [I am the Reviewing Medical Officer](#)  
[Select existing Treating Medical Specialist](#)  
[N Nominate a Reviewing Medical Officer](#)

The Criteria requires that a review must be undertaken by an Immunologist.

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Review Criteria

Select all review criteria that the patient's condition meets

Initial review by an immunologist is required at six months and annually thereafter. Documentation of clinical effectiveness is necessary for continuation of Ig therapy. [Read more](#) 

Monitoring of serum immunoglobulin levels (IgG, IgA and IgM) and any history of infection

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Review Outcome

Review Outcome \*  Request Continuing Treatment  
These review outcomes provide supporting information for the assessment of an additional authorisation period.

Review Only  
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

Cease Treatment  
End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.

2. Once complete, select **Submit**.

Review Outcome

Review Outcome \*  Request Continuing Treatment  
These review outcomes provide supporting information for the assessment of an additional authorisation period.

Review Only  
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

Cease Treatment  
End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.

3. A notification will acknowledge the request has been submitted and navigate back to the **Patient Record** page.



Your review outcomes have been saved.




Medical Officers can cease a patient’s current authorisation if it is no longer required or is being requested under a different indication. You have the option to cease treatment immediately or to choose a later date.

## Review Outcome Form – Cease Treatment

1. On the **Review Outcome Form**, fill in the Review Details, Review Criteria and select **Cease Treatment** in the Review Outcome.

Review Details

**Review Date \***  


**Reviewing Medical Officer \*** [I am the Reviewing Medical Officer](#)  
[Select existing Treating Medical Specialist](#)  
[Nominate a Reviewing Medical Officer](#)

The Criteria requires that a review must be undertaken by a specialist.

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Review Criteria

**Select all review criteria that the patient's condition meets**

Initial review is required within six months by any specialist with ongoing reviews at least annually to assess clinical benefit. [Read more](#) 

Monitoring of serum immunoglobulins (IgG, IgA and IgM) and any history of infection

**AND**

There should be regular consideration of a trial period of cessation of IVIg for the purposes of immunological evaluation unless medically contraindicated on safety grounds (such as neutropenia, immunosuppressant medication, active bronchiectasis and/or suppurative lung disease) or severe hypogammaglobulinaemia persists where no significant improvement has occurred in the underlying condition. Trial cessation is best commenced in September or October.

Criterion  
 When IgA and IgM are trending upwards and close to normal and the patient is well, a trial off therapy (in September or October) is considered to allow immunological re-evaluation, or is medically contraindicated

Please note: A diagnosis of bronchiectasis and/or suppurative lung disease must be consistent with the guideline of the [Thoracic Society of Australia and New Zealand](#) (Chang AB et al. 2014).

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Review Outcome

**Review Outcome \***


**Request Continuing Treatment**  
 These review outcomes provide supporting information for the assessment of an additional authorisation period.

**Review Only**  
 Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

**Cease Treatment**  
 End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.

**Cessation Date \***  Immediately  
 Select a date

2. Select an option in the **Cessation Date**.

 **Note:** If there are planned doses remaining in the patient’s authorisation, ceasing treatment will cancel all the planned doses after the selected cessation date. A warning message will be displayed, and the message is as follows.

Review Outcome

**Review Outcome \***

**Request Continuing Treatment**  
These review outcomes provide supporting information for the assessment of an additional authorisation period.

**Review Only**  
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

**Cease Treatment**  
End the current authorisation because Ig therapy is no longer required, or is being requested under a different indication.

Authorisation has 4 planned doses on the treatment plan. Cease treatment will cancel all these planned doses. The patient will not be able to access funded immunoglobulin under this authorisation until a new initial authorisation request is approved.

**Cessation Date \***

Immediately

Select a date

4. A notification will acknowledge the request has been submitted and navigate back to the **Patient Record** page



5. To view the ceased Authorisation, select **Record Review** under **View Authorisation**.

View Authorisation

Patient Details

Patient

Authorisation Details **Record Review** Authorisation History Assessment Amendment History

Review Date	Reviewing Medical Officer	Review Outcome	Status	
11-Nov-2024		Cease Treatment	Ceased	<a href="#">Edit</a>
20-Sep-2024		Request Continuing Treatment	Approved	