



Dose Change Requests

If a dose and/or product change is required, a request can be submitted through a patient's **Current Authorisation** on the **Patient Record** page. BloodSTAR will prompt an Authoriser to review and action, as per the existing process.

In the scenario a **different product** than what has been allocated in BloodSTAR is requested, a **clinically valid reason** must be provided. A request for a different product is closely reviewed by Lifeblood Authorisers and may not be approved if clinical justification is not provided.

Requesting a Dose Change

1. From either the home page, **My Authorised Patients**, or **Authorisation Requests**, select the patient that requires the change. Under the **Patient** column, select the patient's name.

	sed Patients	Pending Rev	iews My Requests							
Show pa	atients whe	re l am						+ New Initial A	Authorisation	Request
Treatin	ng Medical Sp	pecialist								
Reques	sting Medica	l Officer								
□ Diagno	d Diagnosis I	Medical Officer								
	0									
Patient	D	ate of Birth	Treating Facility	Patient ID	Medical	Condition		End Date	Autho	orisation
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2. Scroll down to view the details in **Current Authorisation** and under **Regimen**, locate dose to be changed. Under the **Action** column, select + **Request Change**.

13 000 BLOOD (1300 025 663)

support@blood.gov.au







Current Authorisatic	n					
Authorisation				*		
Authorisation Number						
Authorisation Date	04-Nov-2024					
Medical Condition	Primary immunodeficiency di	seases (PID)				
Specific Condition	Severe combined immunodef	ficiency (SCID)				
Indication	Replacement therapy in comr	mon variable immune deficiency (CVID) – ESID	diagnostic criteria met			
Treating Specialist		,,,,,,	0			
Regimen	Immunology at	Immunology at				
	Dose Type	Dose	Infusion Method	Action		
	Loading Dose (IVIg)	PRIVIGEN AU - 40.00 g once only.	Intravenous	+ <u>Request Change</u>		
	Maintenance Dose (IVIg)	PRIVIGEN AU - 40.00 g every 2 weeks.	Intravenous	+ <u>Request Change</u>		
	Request Additional Dissemi	inated Enterovirus Dose (IVIg)				
	Request Additional Supplen	<u>nentary Dose (IVIg)</u>				
	Request Additional Loading	<u>z Dose (SCIg)</u>				
	Request Additional Dissemi	inated Enterovirus Dose (SCIg)				
	Request Additional Supplen	<u>mentary Dose (SCIg)</u>				
Standard				•		
Stanuaru				•		
Emergency						
The request must be a	ssessed in 2 hours.					
An emergency request	should be followed	l by a phone call to the autho	oriser.			
Serious						
The request must be a	ssessed in one busi	ness day. If you require proc	duct within 2 h	rs		
solost Emorgonay	boobca in one basi	ness day. Il you require proc				
select Emergency.						
Standard						
The request must be a	scessed within two	husiness dave				
The request must be a	SSESSED WITHIT TWO	business days.				
Please note: If the relevant phone nu	eurgency is <i>Emergency</i> Imber provided.	v, it must be accompanied by a p	ohone call to Lifel	blood on the		
In the Dose section, enter in	all the mandatory fi	ields with the new proposed	changes.			
Please note: the sy authorisation requ	/stem will display the p est.	patients Last Recorded Weight if	there was a prev	<i>i</i> ous		



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2		
Patient Weight *	🔹 kg	🗆 Use Ideal Body Weight Adjusted Dosing 🕜
	Last Recorded Weight: 100.00 kg	Ideal body weight adjusted dosing is recommended in patients who:
Patient Height	¢ cm	 are aged over 18 years are greater than 152cm in height
		are not pregnant weigh more than the Dece Determining Weight (mandaton)
		- weigh more than the bose betermining weight (mandatory)
aintenance Dose (IVlg)		
aintenance Dose (IVIg) scription: 0.4-0.6g/kg every four w	veeks or more frequently, to achieve Ig	G trough level of at least the lower limit of the age-specific serum IgG reference
laintenance Dose (IVIg) ascription: 0.4–0.6g/kg every four w nge. More frequent dosing to achiev sugh level at the lower limit of the a	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range.	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period.
aintenance Dose (IVIg) scription: 0.4–0.6g/kg every four w nge. More frequent dosing to achie pugh level at the lower limit of the a	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range.	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period.
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laintenance Dose (IVIg) escription: 0.4–0.6g/kg every four w nge. More frequent dosing to achier bugh level at the lower limit of the a Infusion Method * Product	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range. Intravenous The allocated Intravenous product Available sizes: 5.00 g, 10.00 g and The allocated product is based on t	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period. for this condition is PRIVIGEN AU. 20.00 g the most recently approved product for the patient.
laintenance Dose (IVIg) ascription: 0.4–0.6g/kg every four w nge. More frequent dosing to achier bugh level at the lower limit of the a Infusion Method * Product Request a different product	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range. Intravenous The allocated Intravenous product Available sizes: 5.00 g, 10.00 g and The allocated product is based on t	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period. for this condition is PRIVIGEN AU. 20.00 g the most recently approved product for the patient.
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laintenance Dose (IVIg) escription: 0.4-0.6g/kg every four w nge. More frequent dosing to achier ough level at the lower limit of the a Infusion Method * Product Request a different product Dose / Kg * Frequency *	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range. Intravenous The allocated Intravenous product Available sizes: 5.00 g, 10.00 g and The allocated product is based on 1 0.40	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period. for this condition is PRIVIGEN AU. (a) 120.00 g the most recently approved product for the patient. Total Dose * (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
aintenance Dose (IVIg) escription: 0.4-0.6g/kg every four w nge. More frequent dosing to achier ough level at the lower limit of the a Infusion Method * Product Request a different product Dose / Kg * Frequency * Date Required *	veeks or more frequently, to achieve Ig ve IgG trough level of up to 9 g/L is per ge-specific serum IgG reference range. Intravenous The allocated Intravenous product Available sizes: 5.00 g, 10.00 g and The allocated product is based on t 0.40	G trough level of at least the lower limit of the age-specific serum IgG reference mitted if chronic suppurative lung disease is not adequately controlled at an IgG . A total dose of up to 1g/kg may be given over any four week period. for this condition is PRIVIGEN AU. 20.00 g the most recently approved product for the patient. Total Dose ★ g for 6 course(s) Approximate End Date 2 28-Jan-2025

5. Once complete, enter in mandatory fields in Submission including **Reason for Dose Change**, contact details and ticking the box to indicate all information submitted is accurate and true. Select **Submit**.









A	Provide justification to support your dose change request. If you require a different product, a valid clinical reason must be provided to support the request. If the patient has an intolerance to a particular product, please add a Do Not Prescribe on the patient's record.	×
F	eason for Dose Change *	
To assist wi	th 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) *	
	 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. 	Submit
e reque	st will be sent to Lifeblood Authorisers for review.	
	Please note: For urgent approval, call Lifeblood Authorisers on 1300 707 755.	
equest S	ubmitted	
	our request has been submitted for assessment. You will be advised of the outcome of the assessment via BloodSTAR Messages.	
	Request Date: 05-Nov-2024	
Req	Patient: sesting Medical Officer:	
	Urgency: Standard Reference Number:	









Subject	Date Sent
Dose Change Request Approved	05-Nov-2024
nitial Authorisation Request Approved	04-Nov-2024
< 1 ► ► 10 ▼ items per page	1 - 2 of 2 items
< 1 ► ► 10 ▼ items per page	1 - 2 of 2 items









Type of Dose Changes

Change of Infusion Method

If the reason is to change the patient's infusion method, i.e., IVIg to SCIg or SCIg to IVIg, tick the check box displayed below and proceed to the **Dose** section.

IVIg to SCIg:

Dose Change Request Details		
Urgency *		
Standard		•
Requesting Medical Officer		
Treating Medical Specialist *		
Change to a SCIg dose		

SCIg to IVIg:

Dose Change Request Details	
Urgency *	
Standard 🗸	
Requesting Medical Officer	
Treating Medical Specialist *	
Change to an IVIg dose	





Last Updated: November 2024





Change in Product Type

To change the allocated product, tick the box **Request a different product**.

Infusion Method *	Intravenous 🔹
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	
Dose / Kg *	0.40 🖕 g Total Dose * 🖕 g
Frequency *	Every 2 Image: Weeks Image: Formation of the second s
Date Required *	05-Nov-2024 🛱 Approximate End Date 📀 28-Jan-2025
Dose will be administered as a divided dose	Dose cannot be divided due to available product sizes.
Comments	

A yellow alert will pop-up allowing the option to select the **Preferred Product** in the drop-down box and a reason provided for the change.

Note: The reason must be clinically justified otherwise, the request may not be approved.

Request a different product	7	
		You must provide a valid clinical reason for requesting a different product than what is allocated in BloodSTAR.
		Lifeblood Authorisers closely review requests to change an allocated product. If clinical justification is not provided, the request for a different product may not be approved.
		Preferred Product: *









Change in Dose Amount

To change the dose amount, enter in the **Dose / Kg** section.

Dose / Kg	* 0.40)	Total Dose *	40.00 ᅌ g The total dose will be rounded to 40 g due to available product sizes.
Dose / Kg *	1.00	♦ g	Total Dose *	100.00 🔷 g
	A	The dose per kg and must specify a dose Criteria. Reason: *	frequency exceeds the maximum se per kg and frequency within the Crite	et out in the Criteria (1 g/kg every 4 Weeks). You eria or provide a reason for dosing outside the
P a	lease Note clinical re	e: If the dose exceed ason is required.	ds the amount set out in the crit	teria, a yellow alert will pop-up and

Change in Frequency and Number of Courses

To change the frequency and/or number of courses, enter in the **Frequency** section.

Date Required *	05-No	v-2024	Approximate End Date 2	17-Nov-2024	
	A	The frequency is not within Reason: *	the range set out in the Crite	ria (2 to 4 Weeks)	
Freque	ency *	Every 2	Veeks 🔻 for 6	¢ course(s)	
Date Requ	ired *	05-Nov-2024	Approx	imate End Date 🕜	28-Jan-2025



