

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.

Reductions in Immunoglobulin doses do not require review and approval by Authorisers if the requested dose falls within the original authorised dose. A patient's BloodSTAR authorisation will be updated immediately after a **Dose Change Request** is submitted.

If the requested dose exceeds the authorised amount, BloodSTAR will prompt an Authoriser to review and approve, 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.

Change Infusion Method

If the requested infusion type is **equal to** the approved infusion type in the original authorisation (IVIg to IVIg or SCIg to SCIg) and is the same product it will be updated immediately as the request falls within the original authorised dose.

If the requested infusion type is a **different infusion type** to the approved infusion type in the original authorisation (IVIg to SCIg or SCIg to IVIg), BloodSTAR will prompt an Authoriser to assess the request.

IVIg to SCIg

Dose Change Request Details

Requesting Medical Officer

Treating Medical Specialist *

Reason for Dose Change *

Change to a SCIg dose ☐

Or

SCIg to IVIg

Dose Change Request Details

Requesting Medical Officer

Treating Medical Specialist *

Reason for Dose Change *

Change to an IVIg dose ☐

Change in Dose Amount

If the requested dose is **less than or equal to** the approved dose in the original authorisation, it will be updated immediately as the request falls within the original authorised dose parameters. The product will need to remain the same as the approved product in the original authorisation. Please refer to **Action – Change in Product**.

If the requested dose is **greater than** the approved dose in the original authorisation, BloodSTAR will prompt an Authoriser to assess the request.

Dose / Kg *	0.40	g	Total Dose *	32.00	g
The total dose will be rounded to 30 g due to available product sizes.					

Change in Product

If the requested product is the same as the approved product in the original authorisation (e.g. Product A = Product A), it will be updated immediately and will not require an approval as the request falls within the original authorised dose parameters. The dose amount will need to be less than or equal to the original authorisation. Please refer to **Change in Dose Amount**.

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 ref 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 reference range. A total dose of up to 1 g/kg may be given over any four week period.

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.

If the requested product is a **different product** to the approved product in the original authorisation (e.g. Product A → Product B), BloodSTAR will prompt an Authoriser to assess the request as the request does not fall within the original authorised dose. In the scenario a **different product** than what has been allocated in BloodSTAR is requested, a **clinically valid reason** must be provided.

☒ Request a different product

⚠ 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: *

Reason: *

Change in Frequency

If the requested frequency is **equal to** the approved frequency in the original authorisation, the dose change request will be updated immediately as the request falls within the original authorised dose.

If the requested frequency is **less than** the approved frequency in the original authorisation, the dose change request will be updated immediately as the treatment becomes less frequent, hence the total dose decreases.

If the requested frequency is **greater than** the original approved frequency, BloodSTAR will prompt an Authoriser to assess the request as the treatment becomes more frequent, hence the total dose increases.

product sizes.

Frequency * Every 4 Weeks for 12 course(s)

Date Required * 21-Apr-2023

Approximate End Date ⓘ 22-Mar-2024

Change in Number of Courses

If the number of requested courses is **less than or equal to** the remaining approved courses, it will be updated immediately as the request falls within the original authorised dose.

If the number of requested courses is **greater than** the remaining approved courses, BloodSTAR will prompt an Authoriser to assess the request as the number of courses does not fall within the original authorised dose.

product sizes.

Frequency * Every 4 Weeks for 12 course(s)

Date Required * 21-Apr-2023

Approximate End Date ⓘ 22-Mar-2024

Outcome

When the dose change request **falls within** the approved dose in the original authorisation:

Request Accepted

⚠ Your request has been accepted.

Request Date: 19-May-2023

Patient: [REDACTED]

Requesting Medical Officer: [REDACTED]

Urgency: Standard

Reference Number: [REDACTED]

Acceptance Reason: Your request has been accepted as it does not exceed the dose approved in the current authorisation.

When the dose change request **does not fall within** the approved dose parameters in the original authorisation:

Request Submitted



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

Request Date: 30-May-2023
Patient: JAMES, JAMES JAMES
Requesting Medical Officer: J. JAMES
Urgency: Standard
Reference Number: 12345678

