

Dose Change Requests

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

If the requested dose exceeds the authorised parameters, BloodSTAR will prompt an Authoriser to review and approve, as per the existing process.

Application of system rules for dose change requests

Action - Change in Infusion Type

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 parameters.

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	[Redacted]
Treating Medical Specialist *	Dr [Redacted] Staff Specialist - [Redacted]
Reason for Dose Change *	[Redacted]
<input type="checkbox"/> Change to a SCIg dose	
 Current Dose	PRIVIGEN AU - 20.00 g (0.40 g/kg) every 4 weeks.

Or

SCIg to IVIg

Dose Change Request Details	
Requesting Medical Officer	[Redacted]
Treating Medical Specialist *	Professor [Redacted] Professor/Director - [Redacted]
Reason for Dose Change *	[Redacted]
<input type="checkbox"/> Change to an IVIg dose	
 Current Dose	Hizentra 20% - 10.00 g (0.10 g/kg) every week.

Action – 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.					

Action – 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 **Action – 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 parameters.

Product The allocated Subcutaneous product for this condition is Hizentra 20% ⓘ

Available sizes: **1.00 g, 2.00 g, 4.00 g and 10.00 g**

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

Request a different product

⚠ To request a different product than allocated you must provide a reason for doing so.

Some hospitals have local policies for imported product. Please check with your blood and blood products Dispenser (blood bank, pathology laboratory, pharmacy or private pathology).

Preferred Product: *

EVOGAM

Available sizes: **0.80 g and 3.20 g**

Reason: *

Product Information - EVOGAM

ⓘ For Subcutaneous Immunoglobulin (SCIg) products, the dose given, the timing between treatments and the number of treatments given can depend on response, and can vary from those recommended for Intravenous Immunoglobulin (IVIg) products. Where a system alert is generated by dose or timing requirements, please provide a reason (e.g. SCIg dosing request) when prompted

Action – 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 parameters.

If the requested frequency is **greater 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 **less 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

Action – 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 parameters.

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 parameters.

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 parameters 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: [REDACTED]

Requesting Medical Officer: [REDACTED]

Urgency: Standard

Reference Number: [REDACTED]