

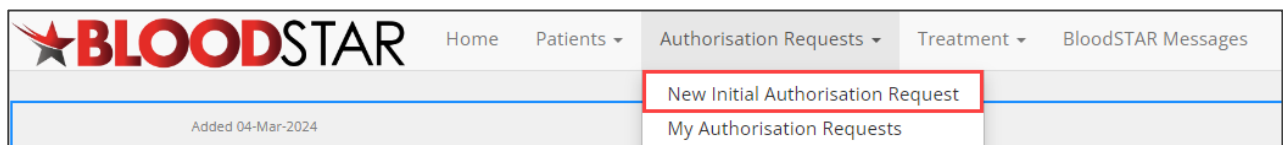
Making an Initial Authorisation Request

An Initial Authorisation Request will need to be submitted if the patient is required to have Immunoglobulin (Ig) but is not an authorised patient in BloodSTAR or their authorisation has expired.


Submitting a New Initial Authorisation Request

- There are two ways to start a New Initial Authorisation Request.

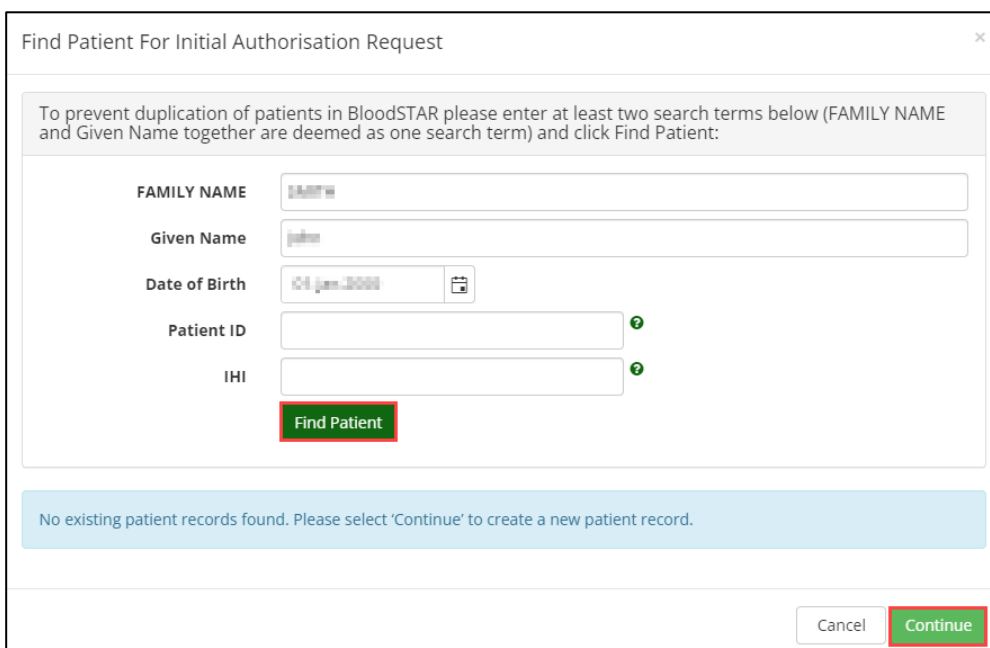
Option A: From your home page as a Medical Officer, click the **Authorisation Requests** tab at the top of the page and click **New Initial Authorisation Request**.



Option B: Click the **+ New Initial Authorisation Request** large green button on the homepage.



- A **Find Patient for Initial Authorisation Request** window will appear, as shown below. Enter the full name and date of birth of the patient and click **Find Patient**. If there is an exact match, the patient will appear for you to select and continue with a patient already in BloodSTAR; **a partial match will not return results**. If there is no match, select **Continue** to create patient and progress with the authorisation request.




3. Enter in your patient's consent status, select whether the consent granted was verbal or written, who granted the consent and the date it was obtained. You can nominate if the consent status is recorded in the medical record and (optionally) upload a scanned copy of any consent you have received in writing.


Note: Patients must consent to having their details stored in BloodSTAR.

Patients can find copies of the consent form and information on what details are required on the **More Information – Privacy Statement and Notice** link.

Privacy Consent

Consent Documents


 [Patient Privacy Consent Form](#)

 [More Information - Privacy Statement and Notice](#)

Consent Status *

▼

Date *



Recorded in Medical Record

☐

Attach Copy

Select files...

4. Once your patient's basic details have been entered and consent obtained, you will be taken to Step 1 of the **Initial Authorisation Request**. There are three functions you can perform on this page:

Initial Authorisation Request

Step 1

Patient Details
Change Patient

Patient
SMITH, John

Date of Birth
01-Jan-2000

Sex
Male

State
ACT

Postcode
2200

NBA Test Facility
Add

Privacy Consent
Consent Obtained
Record Privacy Consent

Edit Patient Details

Previous Treatments

+ Add Previous Treatment
A

Treatment Type	Product	Date (mm/yyyy)	Response
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Treating Medical Specialist *
B

I am the Treating Medical Specialist
Select Treating Medical Specialist

No treating medical specialist selected.

Urgency

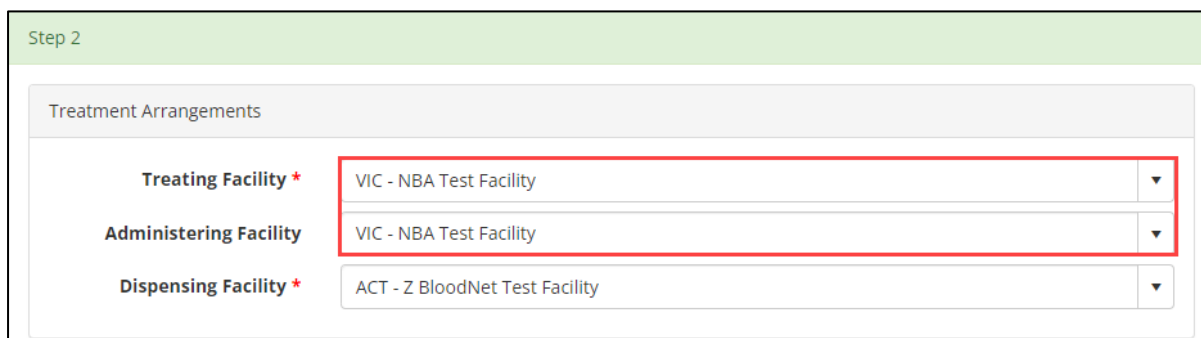
Urgency *
Standard
C

Save
Save and Continue

- A. If relevant, enter any previous treatments for the patient by clicking **+ Add Previous Treatment**.
- B. Add the Treating Medical Specialist details to the form. If you are the Treating Medical Specialist, click on, **I am the Treating Medical Specialist**. If you are the **Requesting Medical Officer** select **Change Treating Medical Specialist** to nominate a prescribing specialist.
- C. Set the urgency of the authorisation to one of the following:
- **Standard:** Request will be assessed within 2 business days.
 - **Serious:** Request will be assessed within 1 business day.
 - **Emergency:** Request will be assessed in 2 hours and a follow up call will be required.

Note: Authorisations that have a status of **Emergency** *must be accompanied by a call to* Lifeblood Authorisers on 1300 70 77 55 after the authorisation has been submitted. Once all necessary details have been entered, click *Save and Continue*.

5. In Step 2, the **Treating and Administering Facility** will be auto populated as the facility where the nominated Treating Medical Specialist is registered. If your patient will physically receive treatment at another facility, select that site from the **Administering Facility** drop-down menu and, if not auto populated, select a **Dispensing Facility**.



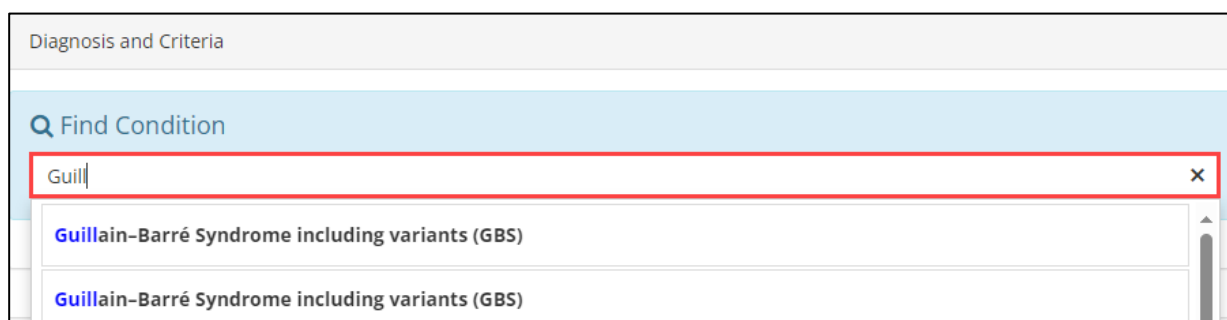
Step 2

Treatment Arrangements

Treating Facility *	VIC - NBA Test Facility	▼
Administering Facility	VIC - NBA Test Facility	▼
Dispensing Facility *	ACT - Z BloodNet Test Facility	▼

The facility types are as follows:

- **Treating Facility:** the facility at which a specific patient's treatment will be managed (diagnosed, prescribed and reviewed). This may be the same location as the Ig infusion is administered.
 - **Administering Facility:** the facility where the patient goes regularly to have their Ig infusions administered. This may be the same location that the patient sees their Treating Medical Specialist.
 - **Dispensing Facility:** the facility from which it is anticipated that product will be normally dispensed for a specific authorised patient.
6. Begin typing the diagnosis into the **Find Condition** field. All the possible diagnosis options will populate to be selected. Once a medical condition has been selected, the page will continue to populate further required details under **Qualifying Criteria** and **Supporting Evidence**. To assist in the assessment of your authorisation request, please ensure you enter as much information as you have available. When completed, click **Save** and **Continue**.



Diagnosis and Criteria

Find Condition

Guil|

- Guillain-Barré Syndrome including variants (GBS)
- Guillain-Barré Syndrome including variants (GBS)

7. In Step 3, enter the **Patient Weight**. If you are calculating dosage by Ideal Body Weight, tick the corresponding box **User Ideal Body Weight Adjusted Dosing** and a Height field will appear. This will then alter the weight value according to Ideal Weight values and change the requested dosage accordingly. Otherwise, just enter the patient's weight.

Step 3

Patient Weight * 80.00 kg

Patient Height * 180.00 cm

☒ Use Ideal Body Weight Adjusted Dosing ⓘ

Ideal Body Weight 74.99 kg

Dose Determining Weight 76.99 kg

Ideal body weight adjusted dosing is only 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)

8. Select one or more doses that are required where clinically appropriate such as maintenance or loading dose, from the available options. The options available are determined by the diagnosis selected.

Step 3

Patient Weight * 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

☐ Loading Dose (IVIg)

Description: One loading dose of 2 g/kg in 2 to 5 divided doses in the first month of therapy (in addition to the maintenance dose) is permitted.

☐ Maintenance Dose (IVIg)

Description: 0.4–1g/kg, is permitted every 2 to 6 weeks. The amount per dose should be titrated to the individual's response, and may be reduced while weaning. A maximum dose of 2g/kg may be given in any 4 week period. This might be by smaller doses more frequently than fortnightly.

☐ Supplementary Dose (IVIg)

Description: One additional dose of up to 2 g/kg, administered in divided doses where appropriate, may be given where there is acute deterioration/relapse in the context of a severe infection, surgery or other acute illness. Deterioration of a patient on Ig therapy may be an indication for alternative or additional immunosuppressant agents.

9. The **Product and Dose/Kg** will be prepopulated and is determined by the entered diagnosis and your state. Enter the details of the treatment, including **Frequency, Date Required** and any comments.

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 * 40.00 g
The total dose will be rounded to 40 g due to available product sizes.

Frequency * Every 2 Weeks for 4 course(s)

Date Required * 12-Mar-2024 Approximate End Date 07-May-2024

Dose will be administered as a divided dose ☐

Comments

This dose is also available as subcutaneous immunoglobulin.

10. If you need to select a different product, proceed with this step. Otherwise, skip to step 11.
Tick the box marked **Request a different product**. A mandatory field will appear for you to select an alternate product from the drop-down list and a **valid clinical reason** must be provided.

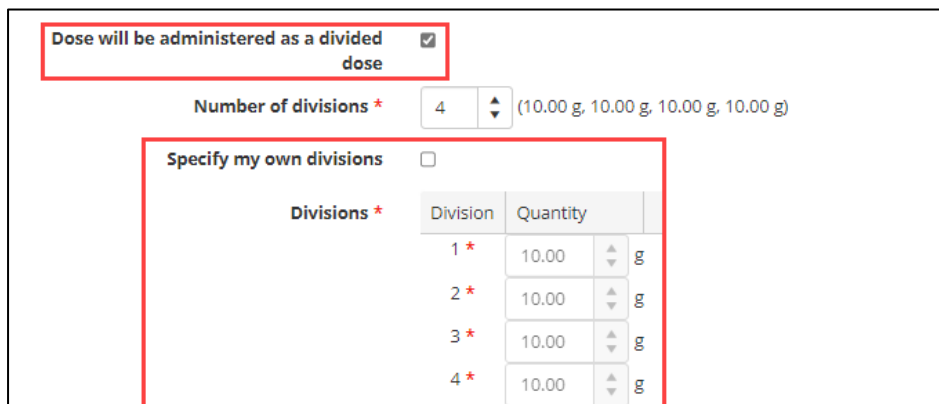
Request a different product ☒

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: *

11. If the dose is to be administered as a divided dose, click on the **Dose will be administered as a divided dose** checkbox. The option to specify the **Number of divisions** will appear as well as the option to **Specify your own divisions**. If you do not select the **Specify my own divisions** option, BloodSTAR will automatically divide the dose as equally as is possible with the available vial sizes of the specified product. If you select **Specify my own divisions** option, you will be able to customize the divisions of the total dose.



Dose will be administered as a divided dose ☒

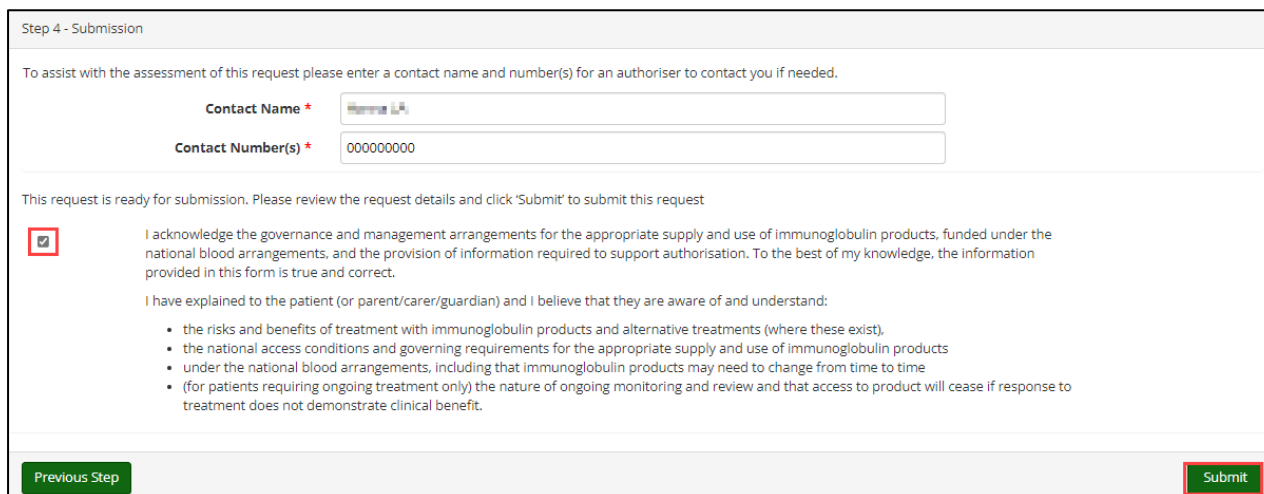
Number of divisions * 4 (10.00 g, 10.00 g, 10.00 g, 10.00 g)

Specify my own divisions ☐

Divisions *	Division	Quantity	
1 *	10.00	g	
2 *	10.00	g	
3 *	10.00	g	
4 *	10.00	g	

Note: Treatment duration and amount per kilogram is calculated automatically off the weight entered for the patient. If you need to prescribe more than the recommended maximum of product per kilogram, enter this under **Dose/Kg**. If the **Dose/Kg** is higher than the recommended amount under the criteria you must enter a reason. When all details are completed, click **Save and Continue**.

12. Confirm all details and check the box **Accepting Terms and Conditions**. Click **Submit** to complete the request.



Step 4 - 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.

[Previous Step](#) [Submit](#)