



Requesting a Dose/Product Change or an Additional Dose

Requesting a Dose/Product Change

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. BloodSTAR authorisations 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.

Changing the Product Type or Dose Size in an Existing Authorisation

1. From either your home page, **My Authorised Patients**, or from **My Requests**, locate the patient that requires the change. Under the **Patient** column, click on the Patient name.

show patients with	ere I am				+ New Initial Autho	orisation Request
Treating Medical !	Specialist					
Requesting Medic	cal Officer					
 Diagnosing Medic 	cal Officer					
Verified Diagnosis	s Medical Office	r				
Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	End Date	Authorisation
Patient	Date of Birth 01-Sep-1960	Treating Facility NBA Test Facility	Patient ID	Medical Condition	End Date	Authorisation

2. Scroll down to view the details under **Current Authorisation**. Under **Regimen**, locate the dose you want to change. Under the **Action** column, click **+ Request change**.

Authorisation					*
Authorisation Number	Records and Party an				
Authorisation Date	11-Dec-2019				
Medical Condition					
Specific Condition	The second second second				
Indication					
Treating Specialist	Immunology at NBA BloodSTAR T	Fest - NBA Test Facility			
Treating Specialist Regimen	Immunology at NBA BloodSTAR T Dose Type	fest - NBA Test Facility Dose	Infusion Method	Action	
Treating Specialist Regimen	Immunology at NBA BloodSTAR T Dose Type Maintenance Dose (SCIg)	Fest - NBA Test Facility Dose Hizentra 20% - 10.00 g every week.	Infusion Method Subcutaneous	Action + <u>Request Change</u>	
Treating Specialist Regimen	Immunology at NBA BloodSTAR T Dose Type Maintenance Dose (SCIg) + Request Additional Disseminati	Test - NBA Test Facility Dose Hizentra 20% - 10.00 g every week. ted Enterovirus Dose (IVig)	Infusion Method Subcutaneous	Action + <u>Request Change</u>	
Treating Specialist Regimen	Immunology at NBA BloodSTAR T Dose Type Maintenance Dose (SCIg) + Request Additional Disseminat + Request Additional Supplemen	Test - NBA Test Facility Dose Hizentra 20% - 10.00 g every week. ted Enterovirus Dose (IVig) ttary Dose (IVig)	Infusion Method Subcutaneous	Action + <u>Request Change</u>	
Treating Specialist Regimen	Immunology at NBA BloodSTAR T Dose Type Maintenance Dose (SCIg) + Request Additional Disseminate + Request Additional Supplemen + Request Additional Disseminate	Test - NBA Test Facility Dose Hizentra 20% - 10.00 g every week. Hizentra 20% - 10.00 g every week.	Infusion Method Subcutaneous	Action +Request Change	



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3.	On the	Dose Change Request f	orm, select the urgency of the change request. Please remember that
	if the r	eview request is at Eme r	rgency status, it must be accompanied by a phone call to Lifeblood on
	the rel	evant phone number pro	ovided.
4.	Enter a	Ill relevant details in the	free text Reason for Dose Change section under Dose Change Request Details.
		Dose Change Request Details	
		Requesting Medical Officer	
		Treating Medical Specialist *	a constant and the second se
		Reason for Dose Change *	
		Change to an IVIg dose	
5.	Procee	d to the Dose section ar	nd enter the patient's weight .
6.	If you v	wish to change the alloca	ated product, tick the box labelled Request a different product , and then select
	the pro	oduct you would like to r	nominate instead, as well as the Reason why, keeping in mind that a clinically
	valid r	eason must be provided	
		Request a different product 🛛 🜌	
			A You must provide a valid clinical reason for requesting a different product than what is allocated in
		4	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: *
		L	



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	Maintenance Dose (IVIg) Description : $0.4-0.6g/kg$ every four weeks or m achieve IgG trough level of up to $9g/L$ is permit reference range. A total dose of up to $1g/kg$ ma	nore frequently, to achieve IgG trough level of at least the lower limit of the age-specific serum IgG reference range. More frequent dosing to ted if chronic suppurative lung disease is not adequately controlled at an IgG trough level at the lower limit of the age-specific serum IgG ay be given over any four week period.
	Infusion Method *	Intravenous 🔹
	Product	The allocated intravenous product for this condition is INTRAGAM 10. Available sizes: 2.50 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 * Date Required *	Every 1 Image: Weeks Image: for image: course(s) 14-Mar-2024 Image: course(s) Approximate End Date Image: course(s)
	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.
If the do	ose exceeds the recomme	ended dosage per kilogram, you will be asked to provide a reason.
Dos	se / Kg * 1.10 🗘 g	Total Dose * g g
Dos	se / Kg * 1.10 🗘 g The dose per kg (1.1 provide a reason for Reason: *	Total Dose * g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria.
Dos	se / Kg * 1.10 🗘 g The dose per kg (1.1 provide a reason for Reason: *	Total Dose * g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria.
Dos	se / Kg * 1.10 The dose per kg (1.1 provide a reason for Reason: *	Total Dose * g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria.
Once all	se / Kg * 1.10 The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an	Total Dose * • g g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria. Decen entered, confirm your contact details, and tick the box to indicate id accurate to the best of your knowledge and then click Submit.
Once all	se / Kg * 1.10 0 g The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an Submission	Total Dose * g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria. Decen entered, confirm your contact details, and tick the box to indicate id accurate to the best of your knowledge and then click Submit.
Once all	se / Kg * 1.10 The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an Submission	Total Dose * g'kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria. Decen entered, confirm your contact details, and tick the box to indicate id accurate to the best of your knowledge and then click Submit. enter a contact name and number(s) for an authoriser to contact you if needed.
Once all	se / Kg * 1.10 0 g The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an Submission To assist with the assessment of this request please Contact Number(3) *	Total Dose * • g g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria. geen entered, confirm your contact details, and tick the box to indicate id accurate to the best of your knowledge and then click Submit. enter a contact name and number(s) for an authoriser to contact you If needed.
Once all	se / Kg * 1.10 \$ g The dose per kg (1.1 provide a reason for Reason: * Trequired changes have b tion submitted is true an Submission To assist with the assessment of this request please Contact Number(s) *	Total Dose * g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or r dosing outside the Criteria. Decen entered, confirm your contact details, and tick the box to indicate id accurate to the best of your knowledge and then click Submit.
Once all informa	se / Kg * 1.10 \$ g The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an Submission To assist with the assessment of this request please Contact Name * Contact Name * Contact Number(s) * This request is ready for submission. Please review M	Total Dose * <pre>g</pre> g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or closing outside the Criteria. been entered, confirm your contact details, and tick the box to indicate and accurate to the best of your knowledge and then click Submit. • enter a contact name and number(s) for an authoriser to contact you if needed. • enter a contact name and number(s) for an authoriser to contact you if needed. • the request details and click 'Submit' to submit this request. and management arrangements for the appropriate supply and use of immunoglobulin products, funded under tt, and the provision of information required to support authorisation. To the best of rmy knowledge, the ris true and correct.
Once all informa	se / Kg * 1.10 0 8 The dose per kg (1.1 provide a reason for Reason: * required changes have b tion submitted is true an Submission To assist with the assessment of this request please Contact Number(s) * This request is ready for submission. Please review the Contact Number(s) * This request is ready for submission. Please review the Lacknowledge the governance the national blood arrangement information provided in this for I have explained to the patient • the risks and banefits of • the national blood • (for patients requiring on response to treatment of	Total Dose * j g g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or dosing outside the Criteria. g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or dosing outside the Criteria. been entered, confirm your contact details, and tick the box to indicate the accurate to the best of your knowledge and then click Submit. enter a contact name and number(s) for an authoriser to contact you if needed. enter a contact name and number(s) for an authoriser to contact you if needed. enter a contact name and number(s) for an authoriser to contact you if needed. enter a contact name and number(s) for an authoriser to contact you if needed. enter a contact name and number(s) for an authoriser to contact you if needed. (b) particular contact for the appropriate supply and use of immunoglobulin products, funded under to a differentive the sector. (c) particular contact. (c) parenu







Requesting an Additional Dose

Under some Medical Conditions, there is the ability to request an additional dose if your patient requires it. If an additional dose is available for your patient's diagnosis you will have the option under the **Regimen** section of the patient's **Current Authorisation**.

Requesting an Additional Dose in an Existing Authorisation

1. Once you have located the patient record scroll down to view the details under **Current Authorisation**. Under **Regimen**, click **+ Request Additional *Dose (method)***.

Authorisation							*
Authoris	ation Number						
Auth	orisation Date	11-Dec-2019					
Med	lical Condition	Acquired-hypogammaglobulina	emia — haematological malign	ancy or post HSCT			
Spe	cific Condition	Other Haematological malignan	icy				
	Indication	Prevention of recurrent bacteria	al infections due to hypogamm	aglobulinaemia associat	ted with haematological malig	gnancies or post haemopoie	tic
Trea	ting Specialist	sterr cer conspone					
	Regimen	Immunology at NBA BloodSTAR	Test - NBA Test Facility				
		Dose Type	Dose		Infusion Method	Action	
		Maintenance Dose (SCIg)	Hizentra 20% - 10.00 g	g every week.	Subcutaneous	Request Change	
		Request Additional Dissemination	ated Enterovirus Dose (IVIg)				
		Request Additional Suppleme	entary Dose (IVIg)				
		Request Additional Dissemina	ated Enterovirus Dose (SCIg)				
		<u>Request Additional Suppleme</u>	entary Dose (SCIg)				
Urgency	Urgency *	Standard		•			
Urgency	^{Urgency *}	^{Standard} nder Reason fo	or additional o	dose in the	e Additional D	Dose Reques	t Deta
Urgency Enter all relevant of ection. Additional Dose Request Details	Urgency*	^{Standard} nder Reason f o	or additional o	dose in the	e Additional D	Dose Reques	t Deta
Urgency Enter all relevant of ection. Additional Dose Request Details Requesting Med	Urgency*	^{Standard}	or additional (dose in the	e Additional D	Dose Reques	t Deta
Urgency Inter all relevant of ection. Additional Dose Request Details Requesting Med	Urgency*	Standard nder Reason fo	Dr additional (dose in the	e Additional E	Dose Reques	t Deta
Urgency Inter all relevant of ection. Additional Dose Request Details Requesting Med Treating Medica	Urgency * details u lical Officer	Standard nder Reason fo	Dr additional (RTest - NBA Test Facility	dose in the	e Additional D	Dose Reques	t Deta
Urgency Inter all relevant of ection. Additional Dose Request Details Requesting Medica	Urgency *	Standard nder Reason fo	Dr additional (RTest - NBA Test Facility RTest - NBA Test Facility	dose in the	e Additional D	Dose Reques	t Deta
Inter all relevant of ection. Additional Dose Request Details Requesting Medica	Urgency * details u lical Officer	Standard nder Reason fo mmunology at NBA BloodSTAR mmunology at NBA BloodSTAR Dne dose of 2g/kg at any stage	Dr additional (RTest - NBA Test Facility RTest - NBA Test Facility Is permitted (in addition to ti	dose in the	e Additional E	Dose Reques	t Deta
Urgency Enter all relevant of ection. Additional Dose Request Details Requesting Medica Treating Medica	Urgency * details u lical Officer	Standard nder Reason fo mmunology at NBA BloodSTAR mmunology at NBA BloodSTAR Dne dose of 2g/kg at any stage	Dr additional (RTest - NBA Test Facility RTest - NBA Test Facility Is permitted (in addition to t	dose in the	e Additional E	Dose Reques	t Deta
Urgency Enter all relevant of ection. Additional Dose Request Details Requesting Medica Treating Medica	Urgency *	Standard nder Reason fo mmunology at NBA BloodSTAF mmunology at NBA BloodSTAF Dne dose of 2g/kg at any stage	Dr additional (RTest - NBA Test Facility RTest - NBA Test Facility Is permitted (in addition to the second	dose in the	e Additional E	Dose Reques	t Deta
Urgency Inter all relevant of ection. Additional Dose Request Details Requesting Medica Treating Medica Reason for additi	Urgency * details u lical Officer	Standard nder Reason fo mmunology at NBA BloodSTAF mmunology at NBA BloodSTAF Dne dose of 2g/kg at any stage	Dr additional (RTest - NBA Test Facility RTest - NBA Test Facility Is permitted (in addition to t	dose in the	e Additional C	Dose Reques	t Deta
Jrgency Inter all relevant of ection. Additional Dose Request Details Requesting Medica Treating Medica	Urgency * details u lical Officer	Standard nder Reason fo mmunology at NBA BloodSTAR mmunology at NBA BloodSTAR Dne dose of 2g/kg at any stage Please address the conditions ab	Dr additional (R Test - NBA Test Facility R Test - NBA Test Facility Is permitted (in addition to t ove	dose in the	e Additional E	Dose Reques	t Deta

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Disseminated Enterovirus Dose (SCIg) Description: One dose of 2ging at any stage is permitted (in addition to the maintenance dose) in the management of disseminated enterovirus infection. Infusion Method * Subcutaneous •• Product The allocated Subcutaneous product for this condition is Hizentra 20% • Available sites: 1.00 g. 2.00 g. 4.00 g and 10.00 g The allocated Subcutaneous product is based on the most recently approved product for the patient. Request a different product • Product Information - Hizentra 20% • • <t< th=""><th>Patient Weight * Patient Height</th><th></th><th>Use Ideal Body Weight Adjusted Dosing 1 Ideal body weight adjusted dosing is recom are aged over 18 years are greater than 152cm in height are not pregnant weigh more than the Dose Determin</th><th>mended in patients who: ing Weight (mandatory)</th></t<>	Patient Weight * Patient Height		Use Ideal Body Weight Adjusted Dosing 1 Ideal body weight adjusted dosing is recom are aged over 18 years are greater than 152cm in height are not pregnant weigh more than the Dose Determin	mended in patients who: ing Weight (mandatory)
Infusion Method * Subcutaneous Product The allocated Subcutaneous product for this condition is Hizentra 20%, ● Auilable size: 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 Product Information - Hizentra 20% Dose / Kg * 200 • g Dose / Kg * 200 • g Dose exill be administered as a divided due to available product sizes. Comments Comments Inside sis also available as intravenous immunoglobulin. This dose is also available as intravenous immunoglobulin. The aim sh	Disseminated Enterovirus Dose (SCI Description: One dose of 2g/kg at any stage is	ζ) permitted (in addition to the maintenance dose) in the management of disseminated enteroviru	s infection.
Request a different product Image: Comparison of the com	Infusion Method * Product	Subcutaneous The allocated Subcutaneous product for this of Available sizes: 1.00 g, 2.00 g, 4.00 g and 10.0 The allocated product is based on the most re-	condition is Hizentra 20%. O O g cently approved product for the patient.	
Dose / Kg • 2.00 • g Total Dose * • g Date Required • Image: Comment of the divided due to available product sizes. Image: Comment of the divided due to available product sizes. Comments Image: Comment of the divided due to available as intravenous immunoglobulin. The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. Refer to the current product information sheet for further information on dose, administration and contraindications.	Request a different product	Product Information - Hizentra 20% for Subcutaneous Immunoglobulin (5' given can depend on response, and ca system alert is generated by dose or timing	Elg) products, the dose given, the timing betweer n vary from those recommended for intravenous requirements, please provide a reason (e.g. SCIg	t treatments and the number of treatments i Immunoglobulin (IV(g) products. Where a dosing request) when prompted
Dose will be administered as a divided doe Dose cannot be divided due to available product sizes. Comments Comments This dose is also available as intravenous immunoglobulin. The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. Refer to the current product information sheet for further information on dose, administration and contraindications.	Dose / Kg * Date Required *	2.00 🗣 g	Total Dose *	◆ g
Comments This dose is also available as intravenous immunoglobulin. The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. Refer to the current product information sheet for further information on dose, administration and contraindications.	Dose will be administered as a divided dose	Dose cannot be divided due to available prod	uct sizes.	
This dose is also available as intravenous immunoglobulin. The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. Refer to the current product information sheet for further information on dose, administration and contraindications.	Comments			
The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. Refer to the current product information sheet for further information on dose, administration and contraindications.		This dose is also available as intravenous imm	unoglobulin.	
	The aim should be to use the lowest dose possibl Refer to the current product information sheet fo	e that achieves the appropriate clinical outcome r further information on dose, administration a	for each patient. Id contraindications.	



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