

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.

My Authorised Patients | Pending Reviews | My Requests

Show patients where I am + New Initial Authorisation Request

- Treating Medical Specialist
- Requesting Medical Officer
- Diagnosing Medical Officer
- Verified Diagnosis Medical Officer

Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	End Date	Authorisation
John Doe	01-Sep-1960	NBA Test Facility			11-Mar-2024	
Jane Smith	28-Dec-1952	NBA Test Facility			28-Nov-2024	

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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**.

Current Authorisation

Authorisation: [Redacted]

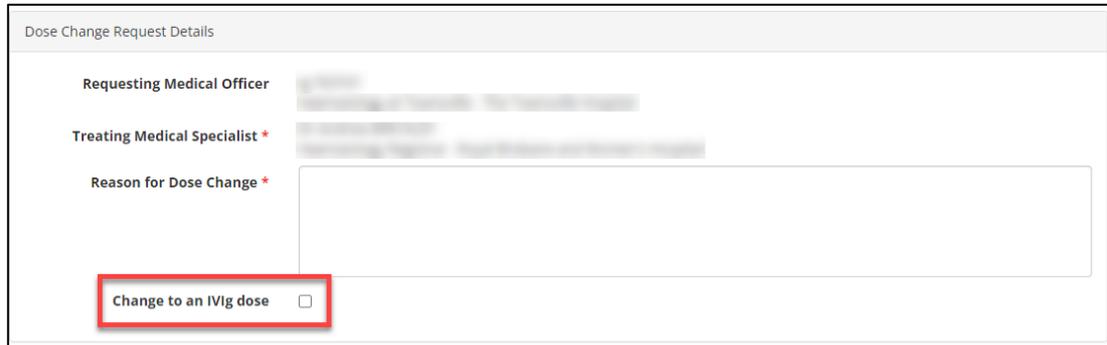
Authorisation Number: [Redacted]
Authorisation Date: 11-Dec-2019
Medical Condition: [Redacted]
Specific Condition: [Redacted]
Indication: [Redacted]
Treating Specialist: Immunology at NBA BloodSTAR Test - NBA Test Facility

Regimen		Infusion Method	Action
Maintenance Dose (SCIg)	Hizentra 20% - 10.00 g every week.	Subcutaneous	+ Request Change

[+ Request Additional Disseminated Enterovirus Dose \(IVig\)](#)
[+ Request Additional Supplementary Dose \(IVig\)](#)
[+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)
[+ Request Additional Supplementary Dose \(SCIg\)](#)

3. On the **Dose Change Request** form, select the urgency of the change request. Please remember that if the review request is at **Emergency** status, it must be accompanied by a phone call to Lifeblood on the relevant phone number provided.

4. Enter all 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 *

Reason for Dose Change *

Change to an IVIg dose

5. Proceed to the **Dose** section and enter the **patient's weight**.

6. If you wish to change the allocated product, tick the box labelled **Request a different product**, and then select the product you would like to nominate instead, as well as the **Reason why**, keeping in mind that 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: *

7. To change the strength of the dose, enter a different value under **Dose/Kg**

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 reference range. More frequent dosing to 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 limit of the age-specific serum IgG reference range. A total dose of up to 1 g/kg may be given over any four week period.

Infusion Method *

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 * g Total Dose * g

Frequency * Every Weeks for course(s)

Date Required * Approximate End Date

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.

8. If the dose exceeds the recommended dosage per kilogram, you will be asked to provide a reason.

Dose / Kg * g Total Dose * g

⚠ The dose per kg (1.1 g/kg) exceeds the maximum set out in the Criteria (1 g/kg). You must specify a total dose within the Criteria or provide a reason for dosing outside the Criteria.

Reason: *

9. Once all required changes have been entered, confirm your **contact details**, and tick the **box** to indicate all information submitted is true and accurate to the best of your knowledge and then click **Submit**.

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.

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)***.

Current Authorisation

Authorisation [redacted]

Authorisation Number [redacted]

Authorisation Date 11-Dec-2019

Medical Condition Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT

Specific Condition Other Haematological malignancy

Indication Prevention of recurrent bacterial infections due to hypogammaglobulinaemia associated with haematological malignancies or post haemopoietic stem cell transplant

Treating Specialist Immunology at NBA BloodSTAR Test - NBA Test Facility

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SClg)	Hizentra 20% - 10.00 g every week.	Subcutaneous	+ Request Change
+ Request Additional Disseminated Enterovirus Dose (IVlg)			
+ Request Additional Supplementary Dose (IVlg)			
+ Request Additional Disseminated Enterovirus Dose (SClg)			
+ Request Additional Supplementary Dose (SClg)			

2. On the **Request Additional Dose** page, select the **Urgency** of the request.

Urgency

Urgency * Standard

3. Enter all relevant details under **Reason for additional dose** in the **Additional Dose Request Details** section.

Additional Dose Request Details

Requesting Medical Officer [redacted]
Immunology at NBA BloodSTAR Test - NBA Test Facility

Treating Medical Specialist [redacted]
Immunology at NBA BloodSTAR Test - NBA Test Facility

Conditions One dose of 2g/kg at any stage is permitted (in addition to the maintenance dose) in the management of disseminated enterovirus infection.

Reason for additional dose *

Please address the conditions above

4. Go to the **Dose** section and enter the patient's **weight**, as well as all applicable details of the additional dose. Once all details are correct, tick the **box** to indicate all information submitted is true and accurate to the best of your knowledge and then click **Submit**.

