

Submitting Review Outcomes and Creating a Continuing Authorisation Request

Step Action - Checking the remaining doses for a patient's authorisation

1. There are 3 ways of checking the patients remaining doses.

Option A: In the **Patient Record**, under **Current Authorisation** details, next to **Final Dose Planned Date** will either:

- Display a date which is based on the *planned date* or *partially dispensed*.
- *No remaining dose* text will display if there are no remaining planned doses.

Current Authorisation

Authorisation ID: 123456789

Authorisation Number

123456789

Authorisation Date

13-Oct-2022

Medical Condition

Acute myelogenous leukaemia - Acute myelogenous leukaemia (AML)

Specific Condition

Neutropenic lymphoma (NLP)

Indication

Prevention of recurrent bacterial infections due to neutropenia associated with haematological malignancies or post haematopoietic stem cell transplant

Treating Specialist

Dr. J. Smith - The Canberra Hospital

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCig)	Hizentra AU - 9.00 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 \(SCig\)](#)

Authorisation End Date

15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.

Final Dose Planned Date

15-Apr-2024

Treating Facility

The Canberra Hospital

Administering Facility

The Canberra Hospital

Dispensing Facility

ACT Pharmacy - The Canberra Hospital

Last Dispensed Date

09-Nov-2023

[View Treatment Plan](#)

Edit

+ Record Review

Option B: By clicking on the green hyperlink beside authorisation number to access the **View Authorisation** page.

View Authorisation

Patient Details

Patient	ABBOTT, Rosemary 60 year old female Date of birth: 05-Nov-1971 Weight: 60.00 kg The Canberra Hospital, 000000
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Authorisation Details

Record Review
Authorisation History
Assessment Amendment History

Authorisation Number	<u>746304046</u>										
Approval Date	13-Oct-2022										
Medical Condition	Acute myeloid leukaemia - remission at diagnosis 03-Oct-2021										
Specific Condition	Acute Myeloid Leukemia (AML)										
Indication	Response to second course of therapy due to haematological relapse associated with haematological relapse after chemotherapy stem cell transplant										
Treating Specialist	Rajiv Chandra Specialist - The Canberra Hospital										
Regimen	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dose Type</th> <th>Dose</th> <th>Infusion Method</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Maintenance Dose (SCig)</td> <td>Hizentra AU - 9.00 g every week.</td> <td>Subcutaneous</td> <td>+ Request Change</td> </tr> </tbody> </table> <div style="margin-top: 5px;"> + Request Additional Disseminated Enterovirus Dose (IVig) + Request Additional Supplementary Dose (IVig) + Request Additional Disseminated Enterovirus Dose (SCig) + Request Additional Supplementary Dose (SCig) </div>			Dose Type	Dose	Infusion Method	Action	Maintenance Dose (SCig)	Hizentra AU - 9.00 g every week.	Subcutaneous	+ Request Change
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Authorisation End Date	15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.										
Final Dose Planned Date	15-Apr-2024										
Treating Facility	The Canberra Hospital										
Administering Facility	The Canberra Hospital										
Dispensing Facility	ACT Pharmacy - The Canberra Hospital										
Last Dispensed Date	09-Nov-2023										

Print Edit

Option C: In the **Patient Record**, you can view the patient's treatment plan by selecting **View Treatment Plan** or select the authorisation number and scroll to the bottom of the screen.

Current Authorisation

Authorisation Title: Tuberculosis

Authorisation Number	A-123456789
Authorisation Date	13-Oct-2022
Medical Condition	Immunised Mycobacterium tuberculosis ... haematological malignancy or post HSCT
Specific Condition	non-tuberculous mycobacteria (NTM)
Indication	Preventional treatment bacterial infections due to Mycobacterium tuberculosis associated with haematological malignancies or post haematologic transplant
Treating Specialist	Dr. J. Smith <small>Hypertension - The Canberra Hospital</small>

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCig)	Hizentra AU - 9.00 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 \(SCig\)](#)

Authorisation End Date	15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.
Final Dose Planned Date	15-Apr-2024
Treating Facility	The Canberra Hospital
Administering Facility	The Canberra Hospital
Dispensing Facility	SOT Pharmacy - The Canberra Hospital
Last Dispensed Date	09-Nov-2023

View Treatment Plan

Edit
Record Review

Treatment Plan							
This treatment plan does not constitute a prescription for immunoglobulin products.							
Planned Date	Dose Type	Dose	Status	Requested	Expected Infusion Date	Date Dispensed	Dispensed
25-Dec-2023	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Dispensed		25-Dec-2023	09-Nov-2023	Q 9.00g of 9.00g
01-Jan-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Dispensed		01-Jan-2024	09-Nov-2023	Q 9.00g of 9.00g
08-Jan-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Planned				
15-Jan-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Planned				
01-Apr-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Planned				
08-Apr-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Planned				
15-Apr-2024	Maintenance Dose (SCIg)	Hizentra AU - 9.00 g	Planned				

Once an approved Immunoglobulin (Ig) Authorisation is nearing or has just exceeded its expiry date, BloodSTAR will notify Medical Officers involved with the authorisation and prompt them to submit review outcomes and will provide the option to submit a Continuing Authorisation Request.

Step Action - Checking the remaining doses for a patient's authorisation

1. There are two ways of recording patient review outcomes.

Option A: Click on the link in your emailed notification and you will be automatically directed to the relevant BloodSTAR message in the **BloodSTAR Messages** tab. Within that relevant message, click the link **Record Review Outcomes** at the bottom.

Review Reminder - DOE, John

11-Jun-2016

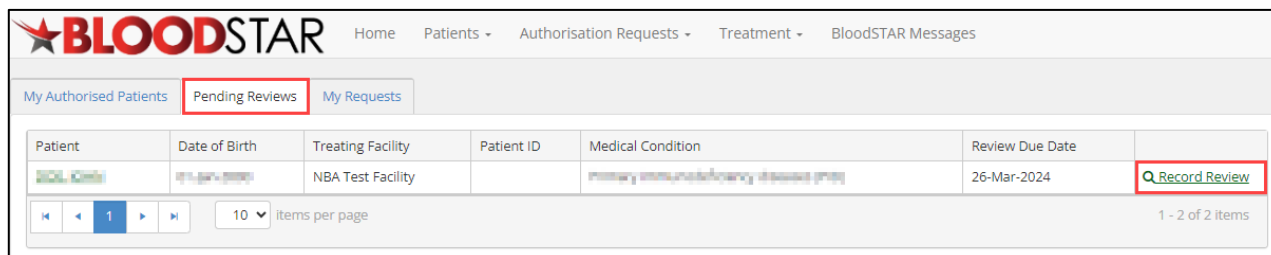
This patient is due for clinical review in accordance with the criteria for access to immunoglobulin products supplied under the national blood arrangements.

To access continued treatment for this patient you must complete a clinical review and submit a Continuing Authorisation Request **before 25-Jul-2016**. Failure to request continuing authorisation will cease the patient's access to treatment and you will be required to submit a new Initial Authorisation Request if continuing treatment is required.

For further information please contact the Authoriser on 02 62123456789

[Record Review Outcomes](#)

Option B: Once you are logged in as a Medical Officer, select the **Pending Reviews** tab on the **Home** page. This will display all authorisations that require review in the next 8 weeks or those that have expired in the last 8 weeks. Locate the patient you want to record a review for and click **Record Review**.



Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	Review Due Date	
1001-1001	19-Mar-2024	NBA Test Facility		Primary immunodeficiency disease (PID)	26-Mar-2024	Record Review

2. On the **Review Outcome Form**, confirm that all patient details are correct and if necessary, change or update them by selecting **Edit Patient Details**.



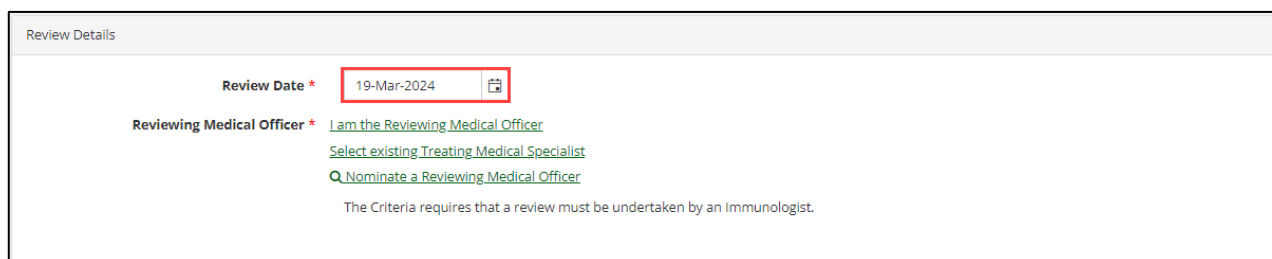
Review Outcome Form

Patient Details

Patient: 1001-1001
 Date of Birth: 19-Mar-2024
 Sex: Male
 State: ACT
 Postcode: 2600
 Weight: 100.00 kg
 Treating Facility: NBA Test Facility

[Edit Patient Details](#)

3. Scroll down, enter the **Review Date**, and nominate the **Reviewing Medical Officer**.



Review Details

Review Date * 19-Mar-2024

Reviewing Medical Officer * [I am the Reviewing Medical Officer](#)
[Select existing Treating Medical Specialist](#)
[Nominate a Reviewing Medical Officer](#)

The Criteria requires that a review must be undertaken by an Immunologist.

4. Under **Review Criteria**, select all applicable options for the **Qualifying Criteria** according to your patient's condition and fill in all relevant **Supporting Evidence** details. These options are dependent on the original diagnosis and, if selected, will create fields for you to enter more information about the patient.

5.

In **Review Outcome**, select the overall review outcome from the available options:

- A. Option to request continuing treatment for the current Ig Authorisation.
- B. Record a review/change on the authorisation without requesting continuing treatment.
- C. Cease the current authorisation as Ig therapy is no longer required or is being requested under a different indication. You have the option to cease treatment immediately or to choose a later date.

Review Outcome

Review Outcome *

A

Request Continuing Treatment

These review outcomes provide supporting information for the assessment of an additional authorisation period.

B

Review Only

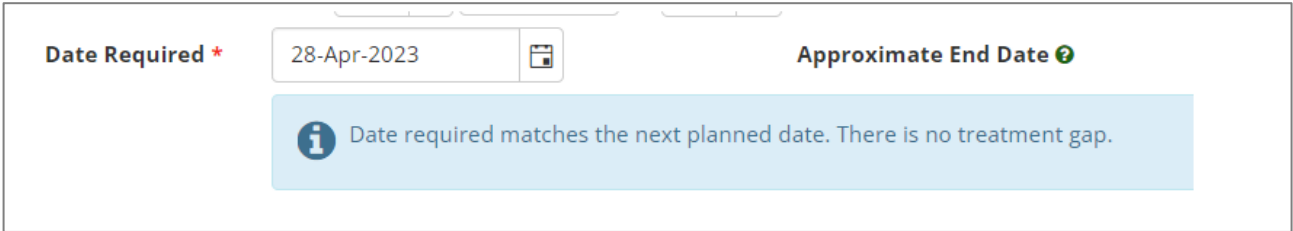
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

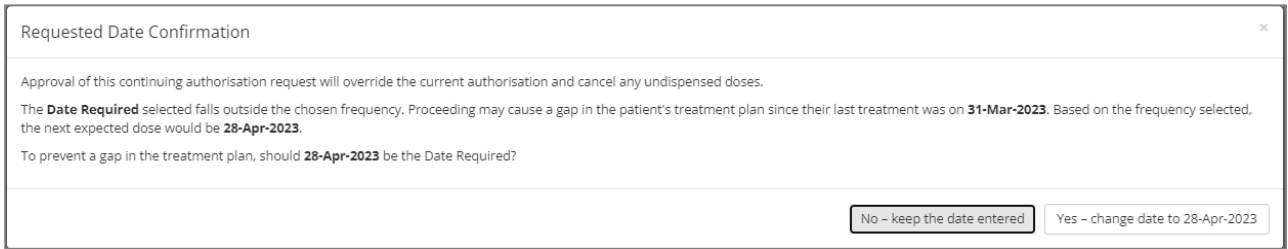
C

Cease Treatment

End the current authorisation now because Ig therapy is no longer required, or is being requested under a different indication.



Step	Action – Submitting a Continuing Authorisation Request when there is one or more planned doses remaining in the previous authorisation
1.	<p>The system will prepopulate the Date Required to be the same as the next planned date and display a message saying Date required matches the next planned date. There is no treatment gap.</p> 

Step	Action – Submitting a Continuing Authorisation Request for the same dose type (IVIg to IVIg or SCIg to SCIg) and the date required is changed, creating a <i>treatment gap</i> .
1.	<p>The system will display a pop-up message advising the date entered creates a treatment gap the system will suggest an alternative treatment date to avoid a gap in treatment. The suggested date is based on the frequency selected in the new request.</p>  <p>There are two ways of recording patient review outcomes.</p> <p>Option A: If you select No – keep the date entered, the date you entered (e.g. 20 May 2023) will become the date of the first approved dose for this Continuing Authorisation Request. This may cause a gap in the treatment as specified in the pop-up.</p> <p>Option B: If you select Yes – change date to [Insert date], the date suggested by the system (e.g. 28 April 2023, in the example above) will be the date of the first dose for this Continuing Authorisation Request. This function is designed to reduce the number of unintentional gaps in a patient’s treatment plan.</p>