

Dose Change Requests

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. BloodSTAR will prompt an Authoriser to review and action, 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.

Requesting a Dose Change

- From either the home page, **My Authorised Patients**, or **Authorisation Requests**, select the patient that requires the change. Under the **Patient** column, select the patient’s name.

My Authorised Patients
Pending Reviews
My Requests

Show patients where I am

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

+ New Initial Authorisation Request

Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	End Date	Authorisation
	01-Jan-2000			Primary immunodeficiency diseases (PID)	28-Jan-2025	

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Authorisation Requests

Updated 06-Sep-2024

Important Login Changes from 15 September 2024 [Read more](#) ▼

Please review and update your **mobile number** and **email address** in BloodPortal before 15 September 2024. This is

Updated 28-Aug-2024

BloodSTAR Facility Preference Function Currently Overridden The functionality in BloodSTAR for facilities to select a preferred immunoglobulin product *cannot be supported at this time and will be overridden by the system*. Dispensers are

Updated 28-Feb-2023

! TRANSITION OF AUSTRALIA'S DOMESTIC PLASMA PRODUCTS: What you need to do to start preparing On 19 May 2022 the National Blood Authority announced that five of Australia's domestic plasma products will be changing from early

Reference
Request Type
Request Status

Search

Clear

Ref	Type	Patient	Medical Condition	Creation Date	Request Date	Authorisation	Status	
	Initial		Primary immunodeficiency diseases (PID)	04-Nov-2024	04-Nov-2024		Approved	View

- Scroll down to view the details in **Current Authorisation** and under **Regimen**, locate dose to be changed. Under the **Action** column, select **+ Request Change**.

Current Authorisation

Authorisation [redacted]

Authorisation Number [redacted]
Authorisation Date 04-Nov-2024
Medical Condition Primary immunodeficiency diseases (PID)
Specific Condition Severe combined immunodeficiency (SCID)
Indication Replacement therapy in common variable immune deficiency (CVID) – ESID diagnostic criteria met
Treating Specialist Immunology at [redacted]

Regimen	Dose Type	Dose	Infusion Method	Action
	Loading Dose (IVIg)	PRIVIGEN AU - 40.00 g once only.	Intravenous	+ Request Change
	Maintenance Dose (IVIg)	PRIVIGEN AU - 40.00 g every 2 weeks.	Intravenous	+ Request Change

- [+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)
- [+ Request Additional Supplementary Dose \(IVIg\)](#)
- [+ Request Additional Loading Dose \(SCIg\)](#)
- [+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)
- [+ Request Additional Supplementary Dose \(SCIg\)](#)

3. On the Dose Change Request Form, select the **Urgency** in the drop-down box.

Dose Change Request Details

Urgency *

Standard

Emergency

The request must be assessed in 2 hours.

An emergency request should be followed by a phone call to the authoriser.

Serious

The request must be assessed in one business day. If you require product within 2 hrs select Emergency.

Standard

The request must be assessed within two business days.



Please note: If the urgency is *Emergency*, it must be accompanied by a phone call to Lifeblood on the relevant phone number provided.

4. In the **Dose** section, enter in all the mandatory fields with the new proposed changes.



Please note: the system will display the patients Last Recorded Weight if there was a previous authorisation request.

Submission

 Provide justification to support your dose change request.
If you require a different product, a valid clinical reason must be provided to support the request.
If the patient has an intolerance to a particular product, please add a Do Not Prescribe on the patient's record.

Reason for Dose Change *

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.

Submit

6. The request will be sent to Lifeblood Authorisers for review.



Please note: For urgent approval, call Lifeblood Authorisers on 1300 707 755.

Request Submitted

 Your request has been submitted for assessment. You will be advised of the outcome of the assessment via BloodSTAR Messages.

Request Date: 05-Nov-2024

Patient: [Redacted]

Requesting Medical Officer: [Redacted]

Urgency: Standard

Reference Number: [Redacted]

7. Once assessed, the outcome will be displayed in **BloodSTAR Messages**.

BloodSTAR Messages

✖ Delete Selected Messages

	Subject	Date Sent
<input checked="" type="checkbox"/>	Dose Change Request Approved	05-Nov-2024
<input type="checkbox"/>	Initial Authorisation Request Approved	04-Nov-2024

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[Redacted] - Dose Change Request Approved
05-Nov-2024

Type of Dose Changes

Change of Infusion Method

If the reason is to change the patient's infusion method, i.e., IVIg to SCIg or SCIg to IVIg, tick the check box displayed below and proceed to the **Dose** section.

IVIg to SCIg:

Dose Change Request Details

Urgency *
Standard

Requesting Medical Officer
[Redacted]

Treating Medical Specialist *
[Redacted]

Change to a SCIg dose

SCIg to IVIg:

Dose Change Request Details

Urgency *
Standard

Requesting Medical Officer
[Redacted]

Treating Medical Specialist *
[Redacted]

Change to an IVIg dose

Change in Product Type

To change the allocated product, tick the box **Request a different product**.

Infusion Method *	<input type="text" value="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	<input type="checkbox"/>
Dose / Kg *	<input type="text" value="0.40"/> <input type="text" value="g"/>
Total Dose *	<input type="text" value=""/> <input type="text" value="g"/>
Frequency *	Every <input type="text" value="2"/> <input type="text" value="Weeks"/> for <input type="text" value="6"/> <input type="text" value="course(s)"/>
Date Required *	<input type="text" value="05-Nov-2024"/> <input type="text" value=""/>
Approximate End Date	<input type="text" value="28-Jan-2025"/>
Dose will be administered as a divided dose	Dose cannot be divided due to available product sizes.
Comments	<input type="text"/>

A yellow alert will pop-up allowing the option to select the **Preferred Product** in the drop-down box and a reason provided for the change.

Note: The reason must be clinically justified otherwise, the request may not be approved.

Request a different product	<input checked="" type="checkbox"/>
 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: *	<input type="text"/>
Reason: *	<input type="text"/>

Change in Dose Amount

To change the dose amount, enter in the **Dose / Kg** section.

Dose / Kg * <input type="text" value="0.40"/> g	Total Dose * <input type="text" value="40.00"/> g
The total dose will be rounded to 40 g due to available product sizes.	
Dose / Kg * <input type="text" value="1.00"/> g	Total Dose * <input type="text" value="100.00"/> g
<p> The dose per kg and frequency exceeds the maximum set out in the Criteria (1 g/kg every 4 Weeks). You must specify a dose per kg and frequency within the Criteria or provide a reason for dosing outside the Criteria.</p> <p>Reason: *</p> <input type="text"/>	



Please Note: If the dose exceeds the amount set out in the criteria, a yellow alert will pop-up and a clinical reason is required.

Change in Frequency and Number of Courses

To change the frequency and/or number of courses, enter in the **Frequency** section.

Frequency * Every <input type="text" value="2"/> Days for <input type="text" value="6"/> course(s)	
Date Required * <input type="text" value="05-Nov-2024"/> 	Approximate End Date  17-Nov-2024
<p> The frequency is not within the range set out in the Criteria (2 to 4 Weeks)</p> <p>Reason: *</p> <input type="text"/>	
Frequency * Every <input type="text" value="2"/> Weeks for <input type="text" value="6"/> course(s)	
Date Required * <input type="text" value="05-Nov-2024"/> 	Approximate End Date  28-Jan-2025



Please Note: If the dose frequency is not within the range set out in the criteria, a yellow alert will pop-up and a clinical reason is required.