# Immunoglobulin Adjusted Body Weight Dosing

From **1 July 2026**, the way in which immunoglobulin (Ig) doses are calculated in BloodSTAR is changing. This factsheet provides information on the changes to expect and what prescribers need to do.

## What is changing

Immunoglobulin adjusted body weight dosing will be the mandated default in BloodSTAR, Australia's online system for accessing government-funded Ig products. If there is a clinical reason not to use adjusted body weight dosing, the clinician should select the appropriate option in BloodSTAR and provide a clinical justification in the authorisation request.

Due to this change, entering the patient's height is now mandatory for all BloodSTAR authorisation requests.

The adjusted body weight dose may be lower than a dose based on actual body weight. For most patients, the difference is less than 5%. For patients with higher actual body weight, the difference might be more substantial. Adjusted body weight dosing is based on the underlying pharmacological properties and evidence for the use of therapeutic Ig. It is considered a safe and appropriate method for dosing calculation for most patients, except patients who:

- Are aged less than 18 years
- Are less than 152 cm in height
- Are pregnant
- Have an actual body weight that is lower than their ideal body weight.

In these cases, BloodSTAR will not apply adjusted body weight dosing and actual body weight dosing will be applied. Safeguards have been built into the BloodSTAR system to ensure patients in these groups are exempt. Prescribers can also elect to use actual body weight dosing if it is clinically justified for your patient.

## How BloodSTAR calculates the dose

The calculator in BloodSTAR uses a three-step calculation:

**Step 1 – Ideal body weight (IBW) (Devine formula):**

- Males: 50 + [2.3 × (height in inches − 60)]
- Females: 45.5 + [2.3 × (height in inches − 60)]

*(Height entered in centimetres is automatically converted.)*

**Step 2 – Dose-determining weight:**

Dose-determining weight = IBW + 0.4 × (Actual body weight − IBW)

**Step 3 – Adjusting the dose:**

The dose-determining weight is then applied to the requested dose per kilogram in BloodSTAR.

## What does this change look like in BloodSTAR

The process of prescribing Ig through BloodSTAR will be largely unchanged, however the adjusted body weight dosing calculator will be selected by default.

You will see the following changes:

- Patient height and weight will be mandatory fields
- The above fields, in addition to age and pregnancy status, will be used to determine if the patient is in an exclusion group. In these cases, the BloodSTAR system will not apply adjusted body weight dosing
- If there is a clinical reason not to use adjusted body weight dosing, you will be able to select the 'Do not use Ig adjusted body weight dosing' box. You must provide a clinical justification
- By default, the 'approved dose' will be the calculated adjusted body weight dosing (with the exceptions listed above). ***This is true even when requesting continuing authorisation for a patient previously approved for Ig.***

## Why this change is being introduced

These changes will bring Australian practice in line with standard dosing approaches used internationally including New Zealand, Canada, and the United Kingdom. The change is supported by the National Immunoglobulin Governance Advisory Committee (NIGAC) and the Jurisdictional Blood Committee (JBC) and forms part of our ongoing commitment to promoting the safe and efficient use of blood products.

Use of adjusted body weight dosing better reflects Ig pharmacokinetics, supports use of the lowest effective dose to achieve clinical benefit and may reduce the risk of dose-related adverse effects. The **Position Statement – Immunoglobulin adjusted body weight dosing** summarises the evidence for adjusted body weight dosing and includes supporting references.

## What you need to know as a prescriber

While adjusted body weight dosing becomes the default in BloodSTAR from 1 July 2026, this change does not alter the approved clinical indications for Ig or the requirement to

meet the *Criteria for the clinical use of immunoglobulin in Australia* (the Criteria). Continue to apply clinical judgement, including dose adjustment and/or trial of cessation, over time based on the clinical response and ongoing review, in line with the Criteria.

The National Blood Authority will be conducting a review of these changes within the first 12 months to assess their impact. For further information, refer to the Criteria for the clinical use of immunoglobulin in Australia.