

Requesting an Authorisation Under a new a New Condition

Occasionally the condition for which a patient receives authorised Immunoglobulin (Ig) changes. In this instance the Medical Officer / Prescriber must cease the current authorisation by recording a review then submitting a new Initial Authorisation Request.

How do I locate the current authorisation?

There are two ways to locate the patient:

1. Select the patient from the list on your home page:

BLOODSTAR Home Patients Authorisation Requests Treatment BloodSTAR Messages

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
YUKKA, Mr Spiky	01-Jul-1970	Royal Hobart Hospital		Cicatrical pemphigoid (CP) or Mucous Membrane Pemphigoid (MMP)	11-Oct-2016	Q_SH53347F
BRULE, Mrs Creme	01-Jul-1970	Royal Hobart Hospital		Primary immunodeficiency diseases (PID) with antibody deficiency	13-Jan-2017	Q_TD62823F

OR

2. Search for the patient; click on the *Patients* in the tab at the top of your home screen, then select *Search*.

BLOODSTAR Home Patients Treatment

Authorised Patients at Cairns Base Hospital Authorised Patients at this facility Search

Given Name Family Name Date of Birth URN Authorisation Number Pending Review

Show patients where Cairns Base Hospital is nominated as the:

- Administering facility (where product will be given or infused)
- Treating facility (where the patient is diagnosed and clinically reviewed)

Search Clear

Support

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fax: 02 6151 5210

- Complete the patient details with at least three (3) of the following identifiers; given name, family name, MRN/URN of the patient's usual facility, date of birth or individual health identifier (IHI). If required you can change search scope from within your facility to either your state or nationally.

Patient Search

Search Terms

Authorisation Number

OR

Given Name

Family Name

MRN/URN/Patient ID

Date of Birth

IHI

Search Scope

- My Patients
- Cairns Base Hospital
- QLD
- National

3 Select search scope

- Click on "View" to review the patient's details and authorisation

Patient Search

Search Terms

Authorisation Number

OR

Given Name

Family Name

MRN/URN/Patient ID

Date of Birth

IHI

Search Scope

4 Click "view" to see the patient's authorisation details

Search results for Family Name: Brule, Given Name: Creme, Date of Birth: 01-Jul-1970

Given Name	Family Name	MRN/URN/Patient ID	Date of Birth	IHI	
Creme	BRULE	0000009 - Cairns Base Hospital	01-Jul-1970		View

10 items per page 1 - 1 of 1 items

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How do I cease the current authorisation and change to a different condition?

- Once you select the patient scroll down to their *Current Authorisation*. From here select *Record Review*.

Current Authorisation

Authorisation TD62823F

Authorisation Number [QTD62823F](#)

Authorisation Date 19-Jul-2016

Condition Primary immunodeficiency diseases (PID) with antibody deficiency

Indication Management of infection related to primary antibody deficiency.

Treating Specialist Mrs Lyndsay WALL (NBA)
Immunologist NBA - Royal Hobart Hospital

Dose Type	Dose	Infusion Method	Action
Loading Dose	INTRAGAM P - 21.00 grams once only.	Intravenous	
Maintenance Dose	INTRAGAM P - 21.00 grams every 4 weeks.	Intravenous	+ Request Change

[+ Request Additional Loading Dose](#)

Authorisation End Date 13-Jan-2017 Continuing supply is conditional on a review being conducted prior to

Treating Facility Royal Hobart Hospital

Administering Facility Royal Hobart Hospital

Dispensing Facility Royal Hobart Hospital - Pathology Services incorporating Pathology South

Last Dispensed Date 16-Sep-2016

[View Treatment Plan](#)

Click "Record Review"

5

[Edit](#) [+ Record Review](#)

- From here complete the *Review Criteria* information, then select *Request Authorisation under a different indication* in the *Review Outcome* section.

Review Criteria

Select all review criteria that the patient's condition meets

Confirmation of diagnosis.

AND

All of the following:

Monitoring of trough or random serum IgG levels.

AND

Review of any episodes of bacterial infection during the authorisation period.

Supporting Evidence

Review Outcome

Review Outcome *

Request Continuing Treatment
These review outcomes provide supporting information for assessment of an extension to the authorisation period.

Interim review only
Access to therapy will continue unchanged to the authorisation end date or until a later review and request for continuing authorisation has been assessed and approved. This option is not available within 2 weeks of the authorisation end date.

Trial Cessation
A trial period of cessation will commence to assess clinical benefit of Ig therapy. The proposed cessation date must be within the current authorisation period. Recommencing Ig therapy will require submission of a new initial authorisation request form.

Cease Treatment
End the current authorisation now because there has been either no demonstrated clinical benefit or Ig therapy has undesirable side effects.

Request Authorisation under a different indication
End the current authorisation and submit a new initial authorisation request form under a different indication.

6

[Submit](#)

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BLOODSTAR

You will receive the following warning: *Authorisation and access to treatment will cease immediately. The patient will not be able to access funded immunoglobulin until a new authorisation request is approved.* Click Submit.

Review Outcome

Review Outcome *

- Request Continuing Treatment**
These review outcomes provide supporting information for assessment of an extension to the authorisation period.
- Interim review only**
Access to therapy will continue unchanged to the authorisation end date or until a later review and request for continuing authorisation has been assessed and approved. This option is not available within 2 weeks of the authorisation end date.
- Trial Cessation**
A trial period of cessation will commence to assess clinical benefit of Ig therapy. The proposed cessation date must be within the current authorisation period. Recommending Ig therapy will require submission of a new initial authorisation request form.
- Cease Treatment**
End the current authorisation now because there has been either no demonstrated clinical benefit or Ig therapy has undesirable side effects.
- Request Authorisation under a different indication**
End the current authorisation and submit a new initial authorisation request form under a different indication.

6

 Authorisation and access to treatment will cease immediately. The patient will not be able to access funded immunoglobulin until a new authorisation request is approved.

Submit

7. From here you will automatically see the patient's record. Scroll down to Authorisation Requests and click on + New Initial Authorisation.

BLOODSTAR Home Patients Authorisation Requests Treatment BloodSTAR Messages

Patient Record

 Your review outcomes have been submitted.

Patient Details

Patient Mrs Creme BRULE
46 year old, Female

Date of Birth 01-Jul-1970

IHI

Mortality Living

Privacy Consent Status Consent Obtained

7 Click on "+New Initial Authorisation Request"

+ New Initial Authorisation Request

Expired Authorisations

Authorisation Date	Medical Condition	Authorisation	Authorisation End Date
19-Jul-2016	Primary immunodeficiency diseases (PID) with antibody deficiency	Q_TD62823F	24-Nov-2016

Authorisation Requests

Ref	Request Type	Date Submitted	Medical Condition	Authorisation	Status	Authorisation Request
1607N113	Initial	19-Jul-2016	Primary immunodeficiency diseases (PID) with antibody deficiency	Q_TD62823F	Approved	Q_View

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8. The New Initial Authorisation Request will automatically populate with the patient's details. Continue with the request as usual.

Step 1

Patient Details [Change Patient](#)

Patient Mrs Creme BRULE
Date of Birth 01-Jul-1970
Sex Female
Cairns Base Hospital - 0000009 [Edit](#)
Privacy Consent Consent Obtained [Record Privacy Consent](#)

[Edit Patient Details](#)

Previous Treatments

[+ Add Previous Treatment](#)

Treatment Type	Product	Date (mm/yyyy)	Response
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Treating Medical Specialist [Change Treating Medical Specialist](#)

Name Mrs Lyndsay WALL (NBA)
Position Immunologist NBA - Cairns Base Hospital
Specialties Immunologist

Urgency

Urgency *

[Save](#) [Save and Continue](#)

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