**Transition from INTRAGAM P to INTRAGAM 10**

**Phase 2 commencing Wednesday 22 March 2017**

**Frequently Asked Questions**

**A. For all States and Territories except NSW**

FAQs for Approved Health Providers

1. **What should I do in preparation for the Phase 2 transition?**

* Assess your remaining stocks of INTRAGAM P and your anticipated requirements over the next week.
* Plan to deplete your remaining stocks of INTRAGAM P as soon as practicable.
* Only order stocks of INTRAGAM P to allow you to dispense for patients requiring infusion in the next week.
* Order sufficient stocks of INTRAGAM 10 in preparation for the transition date in BloodSTAR, i.e. Wednesday 22 March 2017.
* Ensure relevant staff within your organisation, including medical and nursing staff, are aware of the coming change in product allocation for their patients.

1. **How will patients with current authorisations for INTRAGAM P be transitioned to INTRAGAM 10 in BloodSTAR on Wednesday 22 March 2017? Do I need to do anything?**

The National Blood Authority (NBA) will use BloodSTAR to automatically transition all current authorisations for INTRAGAM P to INTRAGAM 10 and update dosing calculations. Any change to products authorised for patients will automatically update BloodNet for dispensers.

Ensure that you have sufficient stocks of INTRAGAM 10.

1. **The available vials sizes of INTRAGAM P and INTRAGAM 10 are different – how are patients’ currently authorised doses of INTRAGAM P going to be adjusted in BloodSTAR?**

BloodSTAR will automatically update the patient’s dose of INTRAGAM 10 based on the patient’s weight recorded in BloodSTAR. For example, patients who are currently authorised to receive 24g of INTRAGAM P will have their INTRAGAM 10 dose rounded to either 25g or 22.5g depending on their weight as recorded in BloodSTAR. If the patient does not have a weight recorded in BloodSTAR, the patient’s dose of INTRAGAM P will be rounded to the nearest vial size of INTRAGAM 10. For example, patients who are currently authorised to receive 24g of INTRAGAM P will have their INTRAGAM 10 dose rounded to 25g.

1. **What do I do if I have remaining stock of INTRAGAM P on or after Wednesday 22 March 2017?**

In order to prevent unnecessary wastage of INTRAGAM P, dispensers can continue to dispense INTRAGAM P for the following patient groups in consultation with the patient’s treating clinician and nursing staff responsible for the infusion:

* Patients whose current authorisation has been changed from INTRAGAM P to INTRAGAM 10 in BloodSTAR but they have not yet received their first dose of INTRAGAM 10
* New patients requiring one-off doses of IVIg who have been authorised to receive INTRAGAM 10 in BloodSTAR.

Note that:

* Dispensing INTRAGAM P instead of INTRAGAM 10 will not generate a dispense discrepancy in BloodNet.
* As the available vial sizes of INTRAGAM P (3g, 12g) and INTRAGAM 10 (2.5g, 10g, 20g) are different, there may be a need to make minor adjustments to the dispensed dose.

1. **Can I return remaining stocks of INTRAGAM P to the Blood Service after Wednesday 22 March 2017?**  
     
   No. The Blood Service is unable to accept returned product. In order to prevent unnecessary wastage of INTRAGAM P, dispensers can continue to dispense INTRAGAM P to patients who have been authorised to receive INTRAGAM 10 after Wednesday 22 March 2017 in consultation with the patient’s treating clinician and nursing staff responsible for the infusion (refer to Question 4 above).
2. **How long will I be able to dispense INTRAGAM P in BloodSTAR?**

INTRAGAM P will be able to be dispensed in BloodSTAR up until the product’s date of expiry.

1. **Will I be able to order INTRAGAM P after Wednesday 22 March 2017?**

No.

FAQs for Clinical and Nursing Staff

1. **What do I need to do to transition my patients from INTRAGAM P to INTRAGAM 10?**

Ensure that your patients are aware of the upcoming change in their allocated IVIg product. A Factsheet for Patients regarding the transition from INTRAGAM P to INTRAGAM 10 is available online to download from the NBA website at <https://www.blood.gov.au/plasma-and-recombinant-product-procurement>.

Ensure that your hospital or treatment facility has infusion protocols for INTRAGAM 10 in place.

The NBA will use BloodSTAR to automatically transition all current authorisations for INTRAGAM P to INTRAGAM 10 and update dosing calculations.

1. **The available vials sizes of INTRAGAM P and INTRAGAM 10 are different – how are my patients’ currently authorised doses of INTRAGAM P going to be adjusted in BloodSTAR?**

BloodSTAR will automatically update the patient’s dose of INTRAGAM 10 based on the patient’s weight recorded in BloodSTAR. For example, patients who are currently authorised to receive 24g of INTRAGAM P will have their INTRAGAM 10 dose rounded to either 25g or 22.5g depending on their weight as recorded in BloodSTAR. If the patient does not have a weight recorded in BloodSTAR, the patient’s dose of INTRAGAM P will be rounded to the nearest vial size of INTRAGAM 10. For example, patients who are currently authorised to receive 24g of INTRAGAM P will have their INTRAGAM 10 dose rounded to 25g.

1. **Can my patients continue to receive INTRAGAM P after Wednesday 22 March 2017?**

In order to prevent unnecessary wastage of INTRAGAM P, remaining inventory of INTRAGAM P can continue to be dispensed after Wednesday 22 March 2017 for the following patient groups, following consultation between the dispenser, and the patient’s treating clinician and nursing staff responsible for the infusion:

* Patients whose current authorisation has been changed from INTRAGAM P to INTRAGAM 10 in BloodSTAR but they have not yet received their first dose of INTRAGAM 10
* New patients requiring one-off doses of IVIg who have been authorised to receive INTRAGAM 10 in BloodSTAR.

After all remaining inventory of INTRAGAM P are exhausted, your patients will no longer be able to receive INTRAGAM P.

**B. For NSW Only**

FAQs for Approved Health Providers

1. **What should I do in preparation for the Phase 2 transition?**

* Assess your current holdings of INTRAGAM P and your anticipated requirements for patients requiring infusion in the next week.
* Only order INTRAGAM P for patients requiring infusion in the next week taking into consideration your current holdings.
* Ensure relevant staff within your organisation, including medical and nursing staff, are aware of the coming change in product allocation for their patients.

1. **How will patients with current authorisations for INTRAGAM P be transitioned to INTRAGAM 10 in NSW? Do I need to do anything?**

Once the Blood Service’s remaining stocks of INTRAGAM P are depleted, named patient orders for INTRAGAM P will be filled with INTRAGAM 10. It is currently anticipated that this is likely to occur within four weeks of the commencement of Phase 2 of the transition.

1. **What do I do if I have remaining vials of INTRAGAM P that are not allocated for a specific patient after the Blood Service’s stocks are depleted?**

In order to prevent unnecessary wastage of INTRAGAM P, dispensers can continue to dispense INTRAGAM P for patients who have current authorisation to receive domestic IVIg but have not yet transitioned to INTRAGAM 10. This should be done in consultation with the Blood Service, and the patient’s treating clinician and nursing staff responsible for the infusion.

1. **Can I return remaining stocks of INTRAGAM P to the Blood Service?**  
     
   No. The Blood Service is unable to accept returned product. In order to prevent unnecessary wastage of INTRAGAM P, dispensers can continue to dispense INTRAGAM P for patients who have current authorisation to receive domestic IVIg but have not yet transitioned to INTRAGAM 10. This should be done in consultation with the Blood Service, and the patient’s treating clinician and nursing staff responsible for the infusion (refer to Question 3 above).

FAQs for Clinical and Nursing Staff

1. **What do I need to do to transition my patients from INTRAGAM P to INTRAGAM 10?**

Ensure that your patients are aware of the upcoming change in their allocated IVIg product. A Factsheet for Patients regarding the transition from INTRAGAM P to INTRAGAM 10 is available online to download from the National Blood Authority (NBA) website at <https://www.blood.gov.au/plasma-and-recombinant-product-procurement>.

Ensure that your hospital or treatment facility has infusion protocols for INTRAGAM 10 in place.

Once the Blood Service’s remaining stocks of INTRAGAM P are depleted, named patient orders for INTRAGAM P will be filled with INTRAGAM 10. It is currently anticipated that this is likely to occur within four weeks of the commencement of Phase 2 of the transition.

1. **The available vials sizes of INTRAGAM P and INTRAGAM 10 are different – how are my patients’ currently authorised doses of INTRAGAM P going to be adjusted?**

The Blood Service will update each patient’s dose of INTRAGAM 10 based on the patient’s current authorised dose of INTRAGAM P and the available vial sizes of INTRAGAM 10. For example, patients who are currently authorised to receive 24g of INTRAGAM P will have their INTRAGAM 10 dose rounded to 25g.

1. **Can my patients continue to receive INTRAGAM P after the Blood Service’s stocks of INTRAGAM P are depleted?**

In order to prevent unnecessary wastage of INTRAGAM P, dispensers can continue to dispense any remaining vials of INTRAGAM P that they have in their inventory for patients who have current authorisation to receive domestic IVIg but have not yet transitioned to INTRAGAM 10. This should be done in consultation with the Blood Service, and the patient’s treating clinician and nursing staff responsible for the infusion.

After all remaining inventory of INTRAGAM P are exhausted, your patients will no longer be able to receive INTRAGAM P.