NSW Health

Immunoglobulin (Ig) therapy: Changes to dosing calculations in BloodSTAR

SAFETY INFORMATION 006/26

Issue date:	4 June 2026
Content reviewed by:	Clinical Excellence Commission; Ministry of Health; Blood Management Clinical Advisory Committee
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	From July 1, 2026, BloodSTAR will default to adjusted body weight dosing for immunoglobulin (IVIg and SCIg). This change has implications for clinicians when submitting authorisation requests in BloodSTAR.
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	Prepare for implementation on 1 July 2026: • Discuss this Safety Information at relevant clinical and safety huddles • Table this Safety Information at Blood Management Committees, and other relevant clinical groups e.g. neurology and immunology craft groups • Notify any clinical adverse events associated with this change via ims+ • Be aware that adjusted body weight dosing will be the default in BloodSTAR and there will be exceptions where actual body weight applies • Apply clinical judgment and continue dose titration based on clinical response and criteria requirements • Review any local references/links to the National Position Statement on *Immunoglobulin Adjusted Body Weight Dosing* – and update to the May 2026 version
DEADLINE:	30 June 2026
We recommend you also inform:	Directors, Managers and Staff of: Haematology; Immunology; Neurology; Pharmacy; Transfusion Laboratories; other relevant clinical networks
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
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Contact: Clinical Excellence Commission
02 9269 5500
cec-bloodwatch@health.nsw.gov.au

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Situation

From 1 July 2026, immunoglobulin (Ig) dosing calculations in BloodSTAR will change to adjusted body weight dosing for both intravenous immunoglobulin (IVIg) and subcutaneous immunoglobulin (SCIg).

This change applies to all new and continuing authorisation requests, meaning clinicians will see recalculated doses at renewal for existing patients unless an exception applies.

This change aligns practice with international standards.

Background

The National Immunoglobulin Governance Advisory Committee (NIGAC) updated the position statement Immunoglobulin Adjusted Body Weight Dosing in May 2026.

Immunoglobulin distributes mostly within blood and extracellular fluid, with minimal distribution into adipose tissue. Dosing based on actual body weight may result in higher doses than required without additional clinical benefit, and may cause unnecessary harms.

Adjusted body weight dosing:

- is adjusted for ideal body weight (IBW)
- better reflects pharmacokinetics of Ig
- supports use of the lowest effective dose
- may reduce dose-related adverse effects
- supports sustainable and equitable use of a limited blood product

Exceptions (where actual body weight applies) include:

- patients <18 years
- patients <152 cm
- pregnant patients
- patients whose actual body weight is less than their ideal body weight

Assessment

For most patients, dose differences will be <5%. Patients with larger differences between actual and ideal body weight may experience more substantial reductions in dose.

The highest implementation risk relates to current patients, as dose reductions may be seen as reducing effectiveness. Targeted communication and clinician support will be important. The National Blood Authority (NBA) have published two fact sheets: one for prescribers and another for patients. See links below.

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There are three BloodSTAR changes to note when completing an authorisation request:

- adjusted body weight dosing will be the mandated default in BloodSTAR
- height and weight will now be mandatory fields to be completed
- clinicians must actively opt out of adjusted body dosing if using actual body weight and provide clinical justification

Recommendations

1. Before prescribing or renewing, confirm accurate height and weight and determine whether the patient meets the exception criteria
2. Compare new calculated dose with previous dose and assess clinical suitability before accepting changes
3. When using actual body weight clearly document clinical justification in BloodSTAR
4. Monitor patient response following dose changes and adjust therapy if clinically indicated
5. Proactively plan clinical reviews and discussions with patients who are likely to be impacted, and provide consistent messaging:
    a. “This is a national safety and quality change”
    b. “Most changes are small and monitored closely”
    c. Use the NBA patient factsheet to support patient conversations

Further information

- Factsheet for patients on Ig adjusted body weight dosing
- Factsheet for prescribers on Ig adjusted body weight dosing
- Position Statement on Immunoglobulin Adjusted Body Weight Dosing – May 2026

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