

This Hereditary Angioedema (HAE) case peer review form has been developed by the ASCIA HAE Working Party in 2020, to request prophylaxis dose increases using a new treatment option - Berinert® SC. This form should be used in conjunction with the updated 2020 versions of the ASCIA HAE Position Paper and Management Plan, which include information about new treatment options.

For further information about HAE go to [www.allergy.org.au/hp/papers/hereditary-angioedema](http://www.allergy.org.au/hp/papers/hereditary-angioedema)

### **REQUEST FOR PROPHYLAXIS DOSE INCREASE (BERINERT® SC)**

Date: \_\_\_\_\_

Centre: \_\_\_\_\_

Form completed by: \_\_\_\_\_

ASCIA HAE working party member to review case: \_\_\_\_\_

Patient Initials: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Diagnosis - HAE type: \_\_\_\_\_

Current status: List attack frequency/severity/AEQoL or other measures: \_\_\_\_\_

Current therapy and doses: \_\_\_\_\_

#### **Questions/discussion points:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **Summary of discussion (for completion by requesting physician after teleconference)**