

## DUPIXENT (DUPILUMAB) ORDER FORM

### PATIENT INFORMATION

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

Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

### DIAGNOSIS (Provider must specify)

- |  |   |
|--|---|
| <input type="checkbox"/> Atopic Dermatitis, ICD 10: L20. _____   | <input type="checkbox"/> Eosinophilic Astham, ICD 10: J82.83        |
| <input type="checkbox"/> Eosinophilic Esophagitis, ICD 10: K20.0 | <input type="checkbox"/> Chronic rhinosinusitis w/ nasal polyposis, |
| <input type="checkbox"/> Asthma, ICD 10: J45. _____              | ICD 10: J33. _____  |
| <input type="checkbox"/> Other: _____                            |   |

### PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

- Demographics     Labs and tests supporting diagnosis     Office/progress notes

### PRE-MEDICATION (Not typically indicated)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) 500 mg PO     | <input type="checkbox"/> Famotidine 20 mg IV          | <input type="checkbox"/> Methylprednisolone (Solu-Medrol) 125 mg IVP |
| <input type="checkbox"/> Benadryl 25mg PO                      | <input type="checkbox"/> Cetirizine (Zyrtec) 10 mg PO |  |
| <input type="checkbox"/> Other: _____ Dose: _____ Route: _____ |   |  |

### MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Dupixent	<input type="checkbox"/> Initial: 600 mg x1, then 300 mg thereafter <input type="checkbox"/> Maintenance: 300 mg	<input type="checkbox"/> Subcutaneous Inj	<input type="checkbox"/> Every 2 weeks

New Start Therapy     Continuation of Therapy    Date of last dose (if applicable): \_\_\_\_\_

### LABS / SPECIAL INSTRUCTIONS

**FAX NUMBERS:**  CT: 203.433.0621     ME: 207.407.7272     NH: 603.217.5371     NJ: 201.581.4521

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_