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Dupixent® (Dupilumab) Order Form
Epic Referral: REF115221

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Dupixent (dupilumab) subcutaneous injection

- Patients will be observed for 30 minutes after their first 3 injections to ensure there is no anaphylactic or serious injection reaction

Induction (Only check if patient is a new start or re-starting therapy AND indicated for the diagnosis):

Dupixent 600 mg subcutaneous injection x 1 dose followed by maintenance dosing starting 2 weeks later

Maintenance:

- Dupixent 300 mg subcutaneous injection every 2 weeks
 Dupixent 300 mg subcutaneous injection weekly (Eosinophilic esophagitis ONLY)

Duration:

6 months 1 year Other _____

Other Orders/Comments: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____