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Ebglyss® (Lebrikizumab) Order Form

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Ebglyss (Lebrikizumab) subcutaneous injection

- Patients will be observed for 30 minutes after their first 3 injections to ensure there is no anaphylactic or serious injection reaction
- Medication must sit out for 45 minutes prior to administration

Induction (Only check if patient is a new start or re-starting):

☐ Ebglyss 500 mg (given as two 250 mg injections) at weeks 0 and 2 followed by 250 mg every other week

Maintenance:

- ☐ Ebglyss 250 mg subcutaneous injection every 2 weeks
- ☐ Ebglyss 250 mg subcutaneous injection every 4 weeks

Duration:

☐ 6 months ☐ 1 year ☐ Other _____

Other Orders/Comments: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____