



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____ Date of Last Infusion: ____/____/____
Height _____ Weight _____
Infusion Location: (state and site) _____

Dupixent® (dupilumab) Orders

Diagnosis: Add ICD10 code
____ Atopic Dermatitis ____ Severe Asthma ____ Chronic Rhinosinusitis ____ Prurigo Nodularis
____ Eosinophilic Esophagitis ____ Other _____

Provider: Is patient required to carry epinephrine auto-injector?
 Yes, patient has been provided epinephrine auto-injector and has been educated on its use.
 No, patient does not need to carry epinephrine auto-injector.

Nursing Orders:

-Hold Dupixent and notify provider if patient reports:

- Current parasitic infection
- Recent live vaccination
- Acute asthma symptoms or acute exacerbations
- Asthma remains uncontrolled or worsens after starting Dupixent

-If indicated by provider above, confirm patient has epinephrine auto-injector and understands indications for use

Dose/Frequency:
 Dupixent 400mg sub-q for first dose, followed by Dupixent 200mg sub-q every other week
 Dupixent 600mg sub-q for first dose, followed by Dupixent 300mg sub-q every other week
 Dupixent _____ mg sub-q _____ week

Observation Period:

-Monitor patient for 15 minutes after the first injection. If tolerated well, no observation required for subsequent visits

-Record vital signs prior to discharge

-If patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT

Additional Orders:

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____