



# PREMIER INFUSION CENTER

## **Dupixent (dupilumab) Injection Order Form**

Fax orders to 405-442-7223

Email orders to [orders@premierinfusioncenter.com](mailto:orders@premierinfusioncenter.com)

### **Patient Information**

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Weight:** \_\_\_\_\_ lb/kg
- **Allergies:**  NKDA  \_\_\_\_\_
- **Treatment Status:**  New  Continued **Last Treatment Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Diagnosis (ICD-10 Selection)**

- J45.50 – Severe persistent asthma, uncomplicated
- J45.51 – Severe persistent asthma with acute exacerbation
- J82.83 – Eosinophilic Asthma (only use as secondary dx to above)
- Other: \_\_\_\_\_ **ICD-10 Code:** \_\_\_\_\_

### **Injection Order**

- 600 mg subcutaneous injection (two 300mg injections) Loading Dose
- 400 mg subcutaneous injection (two 200mg injections) Loading Dose
  - Maintenance Dose:
    - 300 mg sub-q every other week
    - 200 mg sub-q every other week
    - Other: \_\_\_\_\_
  - Duration:  6 months  1 year  Other: \_\_\_\_\_
  - Refills:  None  12 months  Other: \_\_\_\_\_
  - Observation:  15-30 minutes post-injection

**Adverse Reaction & Anaphylaxis Orders**

Premier Infusion Center Protocol (premierinfusioncenter.com)  Other – please fax preferred reaction orders to 405-442-7223

**Premedication (Optional)**

- Acetaminophen:  500 mg  PO
- Diphenhydramine:  25 mg  50 mg  PO  IV
- Loratadine:  10 mg  PO
- Famotidine:  20 mg  IV
- Methylprednisolone:  125 mg  IV

Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**Laboratory Monitoring**

- CBC w/Diff  CMP
- Other: \_\_\_\_\_

**Frequency:**  Prior to first dose  Monthly  Other: \_\_\_\_\_

Physician office will order labs only

**Clinical Documentation Checklist**

- Recent progress notes  Last H&P  Lab results  Medication list

**Ordering Provider & Demographics**

• **Name:** \_\_\_\_\_

NPI: \_\_\_\_\_ License #: \_\_\_\_\_

• **Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

• **Email:** \_\_\_\_\_

• **Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please include demographic sheets, insurances, and supporting documentation for order.