

Dupixent Injection Order

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: N/A

Infusion Therapy:

- Dupixent (dupilumab) **400 mg** SC once, followed by **200 mg** SC OR
- Dupixent (dupilumab) **600 mg** SC once, followed by **300 mg** SC OR
- Dupixent (dupilumab) **300 mg** SC

Frequency: every other week

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with DUPIXENT. Decrease corticosteroids gradually, if appropriate.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Inject DUPIXENT subcutaneously into the upper arm, thigh, or abdomen, except for the 2 inches (5 cm) around the navel. Rotate injection site with each injection.

Injection Monitoring:

- Obtain vital signs, to include a BP, HR, temperature, and O2 saturation, pre-injection and obtain HR and BP post-injection PRN.
- Monitor patient for signs and symptoms of injection reaction for 30 minutes after injection is completed.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB: