EVENTUS RX
QUICKER ACCESS, BETTER OUTCOMES

Fort Myers, FL Phone: 866-249-2696 Fax: 866-330-7487
E-Prescribe: NPI # 1770090482 Visit Us Online: eventusrx.com

ALLERGY / IMMUNOLOGY Prescription Order Form

DATE: _____ NEEDS BY DATE: _____
SHIP TO: ☐ OFFICE

Patient Information

Patient Name
Address
City, State, Zip
Main Phone Alternate Phone
Social Security #
Date of Birth ☐ Male ☐ Female

Provider Information

Prescriber Name
DEA # NPI # License #
Address
City, State, Zip
Phone Fax
Contact Person

Clinical Information

Diagnosis:
☐ J45.40 Moderate Asthma ☐ J45.50 Severe Asthma
☐ L20.9 Atopic Dermatitis ☐ L50.1 Chronic Idiopathic Urticaria (CIU)
☐ Other: Dx code _____ Condition _____
Drug Allergies: _____
Concomitant therapies:
☐ Short-acting beta agonist ☐ Long-acting beta agonist ☐ Antihistamines
☐ Decongestants ☐ Immunotherapy ☐ Inhaled corticosteroid
☐ Leukotriene modifiers ☐ Oral steroids ☐ Nasal steroids
☐ Other: _____
Please list therapies: _____
Lab results: ☐ History of positive skin OR RAST test to a perennial aeroallergen
Pretreatment serum lgE level ____ IU per mL Test date _____
Patient weight _____ kg Date weight obtained _____
MD Specialty:
☐ Allergist ☐ Pulmonologist ☐ ENT ☐ Primary Care ☐ Pediatrician
☐ Dermatologist ☐ Other: _____
Prescription type: ☐ Naïve/new start ☐ Restart ☐ Continued Therapy
Last injection date: _____

Product	Quantity	Prescription Information	Supply	Refills
☐ Dupixent®	300mg/2mL PFS w/ shield	☐ Load: Inject 600mg (2-300mg injections in different injection sites) on Day 1, then 300mg on Day 15, then 300mg every other week. ☐ Maintenance: Inject 300mg subcutaneously every other week	2 syringes 2 syringes	none _____
☐ Fasenra®		Please complete Fasenra Access 360 Enrollment Form and fax to Eventus Rx at 866-330-7487		
☐ Nucala® (Patients with Asthma)	Diluent: 1.2mL of sterile water for Injection, USP, preferably using a 2 or 3mL syringe and a 21-gauge needle. The reconstituted solution will contain a concentration of 100mg/mL mepolizumab.	Inject 100mg subcutaneously once every 4 weeks	28 day supply	_____
☐ Nucala® (Patients with EGPA)	Diluent: 1.2mL of sterile water for Injection, USP, preferably using a 2 or 3mL syringe and a 21-gauge needle. The reconstituted solution will contain a concentration of 100mg/mL mepolizumab.	Inject 300mg (3-100mg injections) subcutaneously once every 4 weeks	28 day supply	_____
☐ Xolair® (Patients with Allergic Asthma)	Diluent: 10mL vial preservative free sterile water for injection, USP; ancillary supplies: 3mL syringes as needed for reconstitution; 25-gauge needles as needed for administration.	☐ Inject 75mg subcutaneously once every 4 weeks ☐ Inject 150mg subcutaneously once every 4 weeks ☐ Inject 225mg subcutaneously once every 2 weeks ☐ Inject 225mg subcutaneously once every 4 weeks ☐ Inject 300mg subcutaneously once every 2 weeks ☐ Inject 300mg subcutaneously once every 4 weeks ☐ Inject 375mg subcutaneously once every 2 weeks	28 day supply	_____ _____
☐ Xolair® (Patients with CIU)	Diluent: 10-mL vial preservative free sterile water for injection, USP; ancillary supplies: 3mL syringes as needed for reconstitution; 25-gauge needles as needed for administration.	☐ Inject 150mg subcutaneously once every 4 weeks ☐ Inject 300mg subcutaneously once every 4 weeks	28 day supply	_____ _____
☐ EpiPen®	☐ EpiPen®: Injection, 0.3mg: 0.3mg/0.3mL epinephrine, USP, pre-filled auto-injector ☐ EpiPen Jr®: Injection, 0.15mg: 0.15mg/0.3mL epinephrine, USP, pre-filled auto-injector	Inject EpiPen® 0.3mg intramuscularly or subcutaneously in Patients greater than or equal to 30kg (66lbs) Inject EpiPen Jr® 0.15mg intramuscularly or subcutaneously in Patients 15 to 30kg (33lbs to 66lbs)	2 2	0 0
☐ Other	_____	_____	_____	_____

PLEASE FAX COPY OF : 1) PRESCRIPTION CARD FRONT & BACK 2) CLINICAL NOTES 3) MEDICAL CARD FRONT & BACK

By signing this form and utilizing our services, you are authorizing Eventus Rx, Inc to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

_____ _____
Prescriber's Signature (no stamps) Date