

## PALFORZIA UP-DOSE SHIPMENT REQUEST ORDER FORM

NOTE: This optional form can be utilized with the patient's Specialty Pharmacy to request shipments to the CERTIFIED HEALTHCARE SETTING or the PATIENT'S HOME for doses beyond the Initial Dose Escalation (IDE), in lieu of a verbal shipment request. Shipment requests to a patient's home may require a call from Walgreens Specialty Pharmacy to verify delivery confirmation. This form is NOT a valid prescription and does NOT replace the PALFORZIA

Prescription and Enrollment Form.

This PALFORZIA Up-Dose Request Form can be used to communicate to the patient's Specialty Pharmacy that the following applies to the patient:

- An Up-Dosing appointment has been SCHEDULED and/or COMPLETED and THE DOSE LEVEL INDICATED BELOW SHOULD BE SHIPPED TO THE CERTIFIED HEALTHCARE SETTING or TO THE PATIENT'S HOME.
- If the patient has not completed toleration at the up-dose indicated for shipment, then the up-dose may only be sent directly to the CERTIFIED HEALTHCARE SETTING.

Shipment requests may be initiated by completing all required fields and faxing the PALFORZIA Up-Dose Request Form to the patient's Specialty Pharmacy at (866) 587-4476, and/or by calling Walgreens Specialty Pharmacies. A phone outreach to the certified healthcare setting by the Specialty Pharmacy to confirm or verify information may still be required. To ensure timely shipment of the product listed below, please complete

Patient Information					
ame (first, middle, last)	*			Date of birth (MM/DI	D/YYYY)*
heck Yes/No to the fol	llowing questions fo	or this patient: Does		Yes□ No□	
his patient have any new known allergies?					
oes patient have inject	table epinephrine th	nat is not yet expired?	?	Yes No No	
Prescriber Information	on				
Provider Name (first, last)*		Practice	Practice key contact name (first, last)*  Practice key contact title		
Practice contact phone #*		Practice of	contact fax #		
. Up-Dosing Appointm	nent Information &	Shipment Request			
) Indicate Dose Level t	to be shipped (chec	k one)*			
☐ 3mg (level 1)	☐ 6mg (level 2)	□ 12mg (level 3)	☐ 20mg (level 4)	40mg (level 5)	■80mg (level 6)
■ 120mg (level 7)	☐ 160mg (level 8)	■ 200mg (level 9)	☐240mg (level 10)	☐ 300mg (15ct) (le	vel 11) 🗖 300mg (30ct) (maintenand
heck the box below if a This is a repeat dose a		d there are refills for t	:his dose level on file		
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