

# SPEVIGO

(spesolimab-sbzo)

## Infusion Order



249 Danbury Rd. Wilton, CT 06897  
 400 Columbus Ave, Valhalla, NY 10595  
 127 Washington Ave, North Haven, CT 06473  
 220 Farmington Ave, Farmington, CT 06032  
Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Allergies: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD- 10: (L40.1) Generalized Pustular Psoriasis

### Please fax a copy of the following patient information:

Recent progress Note                       Current CBC                       TB Test (*upon initiation*)

TB test date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ (*can be PPD skin test or QuantiFERON TB gold blood test*)

### PRE- MEDICATIONS:

Acetaminophen 1000mg PO                       Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO                       Solu-Cortef 100mg IVP  
 Cetirizine 10mg PO                                   Diphenhydramine 25mg IVP  
 No Pre-med    Other: \_\_\_\_\_

### SPEVIGO IV ORDER

**DOSAGE**

900mg IV single dose                      *Patient Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ kg*

**FREQUENCY**

*Height: \_\_\_\_\_ ft \_\_\_\_\_ in*

One single 900mg IV dose

Initial 900mg IV dose, followed by a second 900mg IV dose one week later if flare symptoms continue.

### NOTES:

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_