

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



# Spesolimab-sbzo (Spevigo)

Provider Order Form

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

## REFERRAL STATUS

New Referral    Referral Renewal    Medication/Order Change    Benefits Verification Only    Discontinuation Order

## PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

**LABORATORY ORDERS**

CBC    at each dose    every \_\_\_\_\_

CMP    at each dose    every \_\_\_\_\_

CRP    at each dose    every \_\_\_\_\_

Other: \_\_\_\_\_

**PRE-MEDICATION ORDERS**

acetaminophen (Tylenol)    500mg /    650mg /    1000mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl)    25mg /    50mg    PO /    IV

methylprednisolone (Solu-Medrol)    40mg /    125mg IV

hydrocortisone (Solu-Cortef)    100mg IV

Other: \_\_\_\_\_

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

Frequency: \_\_\_\_\_

**THERAPY ADMINISTRATION**

Spesolimab-sbzo (Spevigo) in 100ml 0.9% sodium chloride,

- Dose: 900mg
- Frequency: one time infusion
- Route: intravenous
- Infuse over 90 minutes

Select for an additional 900mg dose to be given one week after the initial dose. Subsequent treatments may require additional insurance authorization.

Flush with 0.9% sodium chloride at infusion completion  
Refills: Zero, one-time order. (If additional treatments are needed, please submit a new order form.)T

**SPECIAL INSTRUCTIONS**

**NOTES/ADDITIONAL COMMENTS:**

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_