

# SPEVIGO® (spesolimab) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

### Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

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

## NURSING

Infusion to be administered per Vivo protocols.

## SPEVIGO THERAPY ADMINISTRATION

### LABORATORY ORDERS

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

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

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

OTHER \_\_\_\_\_

### PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl) 25 mg 50 mg PO IV

methylprednisolone (Solu-Medrol) 40mg 125mg IV

hydrocortisone (Solu-Cortef) 100mg IV

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

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

900 mg IV over 90 minutes

*If flare symptoms persist, an additional 900 mg dose of Spevigo may be administered one week after the initial dose. If needed, please submit a separate order form for this dose*

600 mg SQ, then 300 mg SQ every 4 weeks

300 mg SQ every 4 weeks (for patients that have received 900 mg IV dose 4 weeks prior)

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Negative TB test or CXR within the last 12 months

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)	Provider Signature	Date
-----------------------	--------------------	------

## Fax Numbers

Colorado: 303-418-4679	Nevada: 702-489-5744	Oklahoma: 918-770-4421
Connecticut: 203-724-4838	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244
Florida: 904-930-4211	New York: 800-540-1852	Texas: 469-340-0044
Massachusetts: 800-540-1852	Ohio: 216-400-0674	Virginia: 804-500-5941

**Have a Question? (720) 902-4111**

**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**

**Email Specialty Referrals to:  
[info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**

Revision Date 5/2024