

## SPEVIGO MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### ■ Diagnosis

L40.1 Generalized pustular psoriasis

### ■ Details Needed for Authorization

- Proof of patient's negative latent TB test. If test is positive, proof that patient has begun therapy for latent TB.
- Please provide documentation of a current generalized pustular psoriasis (GPP) flare of moderate to severe intensity.
- What is the patient's GPPPGA total score? \_\_\_\_\_ Pustulation sub-score? \_\_\_\_\_ *Please provide supporting documentation.*
- Does the patient have presence of fresh pustules, or newly worsening pustules? \_\_\_\_\_
- Is at least 5% of the patient's body surface area covered with erythema and the presence of pustules? \_\_\_\_\_
- Does the patient have any active clinically-important infections? \_\_\_\_\_
- Has the patient been instructed not to get any live vaccines concurrently with Spevigo? \_\_\_\_\_
- Will the patient concomitantly use systemic immunosuppressants (such as methotrexate)? \_\_\_\_\_
- Will the patient concomitantly use topical agents (such as steroids or tacrolimus)? \_\_\_\_\_
- Will the patient concomitantly be treated with a TNF-inhibitor, biologic or non-biologic for GPP? \_\_\_\_\_
- Does the patient have Synovitis-acne-pustulosis-hyperostosis-osteitis (SAPHO) syndrome, primary erythrodermic psoriasis vulgaris, primary plaque psoriasis or drug-triggered acute generalized exanthematous pustulosis (AGEP) ? \_\_\_\_\_ *If Yes, please circle all.*

### ■ Medication Order

Patient's height in feet/inches: \_\_\_\_\_ Patient's weight in pounds: \_\_\_\_\_

Spevigo (spesolimab-sbzo) 900mg by IV, one time only.

Spevigo (spesolimab-sbzo) 900mg by IV, once, with a second treatment after 1 week if the GPP flare persists.

*Medication shall be added to a 100ml NS infusion bag after 15ml has been removed. Mix gently. Infuse over at least 90 minutes with a 0.2 micron in-line filter. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms throughout.*

### ■ Rescue Management in case of Infusion Therapy Reaction

*These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.*

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Diphenhydramine 50mg IV and Methylprednisolone 125mg IV for allergic reactions.
- Albuterol sulfate 2.5ml by nebulizer for wheezing and respiratory reactions.
- Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone Line to Contact Person: \_\_\_\_\_

### STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

**Fax this order and supporting documentation to (732) 329-2322.**