

Patient Name: _____

DOB: _____

SPEVIGO® (SPESOLIMAB-SBZO) INFUSION ORDERS

Diagnosis:

- L40.1 Generalized pustular psoriasis Other: _____
(ICD-10 code and description)

Pre-treatment screening completed *(attach documentation):*

Latent tuberculosis screening result: negative positive Date: _____

Date of last spesolimab infusion: _____ N/A

Nursing Orders:

- Hold infusion and notify provider if patient reports *(select all that apply)*:
 - signs/symptoms of infection (except fever or chills, which are common during GPP flares)
 - possibility of pregnancy
 - recent receipt of live vaccines
 - cough, night sweats, unintended weight loss
- Obtain vital signs at baseline and after infusion complete.
- If infusion-related reaction occurs, stop infusion and as clinically indicated per: *(must select one)*
 - facility protocol
 - patient-specific orders provided

Additional Orders: *[for secondary medications, include drug, dose, route, frequency, and indication as applicable]*

Medication Orders:

- Dilute **spesolimab 900 mg/15 mL** in 85 mL 0.9% sodium chloride (**total volume 100 mL**). Administer intravenously over at least **90 minutes** using a sterile, low protein-binding **0.2-micron in-line filter**. Infuse within 180 minutes of start time.

Frequency:

- Once Day 1 and Day 8 Other: _____

Post-Infusion:

- Fax treatment notes to provider at number below
- Remind patient to follow up with prescriber as applicable/scheduled.

Prescriber name (print): _____ Fax: _____

Prescriber signature: _____ Date: _____