**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.

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Prescriber name (print): ____________________________ Fax: ____________________________

Prescriber signature: ____________________________ Date: ____________________________

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October 2022