Spevigo® (spesolimab-sbzo) injection

Horizon Infusions

Patient Status: ☐ NEW* ☐ CONTINUING

Next Due Date (if applicable) _____ Choose Location _

*Include recent labs and last 2 office visit notes

Name _____ DOB _____

Phone _____ Other Phone _____

Email _____ SSN _____

Allergies _____ Weight _____ ☐LBS ☐Kg Gender ☐M ☐F

## INSURANCE INFORMATION (Required)

Submit copies of the front and back of primary and/or secondary insurance cards with this referral

Physician Name _____ NPI# _____

License # _____ TIN# _____ DEA# _____

Address _____

City _____ State _____ Zip _____

Office Contact _____ Email _____

Phone _____ Fax _____

## DIAGNOSIS INFORMATION:

☐ **Generalized Pustular Psoriasis** _____ ☐ **Other:** _____ ***Required Labs: TB within last year (prior to starting only)**

## DOSING

☐ **Dosing: 900mg IV over 90 minutes**

☐ **Vital signs per protocol**

☐ **Anaphylaxis & Hydration Management per HI Protocol**

## PRE-MEDICATIONS ☐N/A

☐ Acetaminophen ☐500mg ☐650mg ☐1000mg

☐ Fexofenadine (Allegra) 180mg PO (or other non-sedating antihistamine)

☐ Diphenhydrimine (Benadryl) ☐25mg ☐50mg ☐PO ☐IV (requires driver)

☐ Methylprednisolone (Solu-Medrol) ☐40mg ☐80mg ☐125mg IV

☐ Prednisone _____ mg PO

☐ Other _____

## POST-MEDICATIONS ☐N/A

☐ Acetaminophen ☐500mg ☐650mg ☐1000mg

☐ Prednisone _____ mg PO

☐ Other _____

## LABS

| | | |
|---|---|---|
| ☐ CBC w/Diff | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |
| ☐ CRP | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |
| ☐ CMP | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |
| ☐ ESR | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |
| ☐ Hepatic Panel | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |
| ☐ Renal Panel | ☐ Each Infusion | ☐ Other Frequency (specify): _____ |

☐ Quantiferon TB Gold, annually, last completed (date): _____

☐ Other (specify): _____

Provider Signature _____ Date _____

**For new referrals, please include recent labs and last two office visit notes.**

Fax Referrals to: Kentucky (888) 977-0914 | New York (315) 457-4305 | Ohio (888) 977-0914 | Pennsylvania (724) 240-1586