



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Guidelines for Prescribing Spevigo® (spesolimab-sbzo)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

- Include signed and completed **Plan of Treatment**. (MD must complete sections 1-8)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)
- Include patient demographic information and insurance information. (Copy of insurance cards if available)
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**
- Do not administer live vaccines concurrently with Spevigo®
- Other as requested: _____

Required Pre-Screening:

- TB screening test completed. Results** (positive or negative): _____

Warnings & Precautions

- **Infections:** SPEVIGO may increase the risk of infections. Do not initiate SPEVIGO during any clinically important active infection. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur after treatment with SPEVIGO. (5.1)• **Tuberculosis (TB):** Evaluate patients for TB prior to initiating treatment with SPEVIGO. (5.2)• **Hypersensitivity and Infusion-Related Reactions:** Hypersensitivity including drug reaction with eosinophilia and systemic symptoms (DRESS) and infusion-related reactions may occur. If a serious hypersensitivity reaction occurs, discontinue SPEVIGO immediately and initiate appropriate treatment. (5.3)• **Vaccinations:** Do not administer live vaccines concurrently with SPEVIGO. (5.4)

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.