## **Cumberland Vital Care**

## Fax Referral To: (931) 456-4857

Direct Phone: (931) 456-0680



SPEVIGO ORDER FORM					
Date: ICD-10 Code:			Therapy Status		
Patient Name: Allergies:		rgies:		□ New Start	
Date of Birth: Weight:It		lbs OR _	kg	Continuing Therapy: Last Dose:	
PROVIDER INFORMATION					
Ordering Provider: Provider Fax:					
Provider NPI:			Provider Address:		
Provider Phone:					
MEDICATION ORDER					
Spevigo	<ul> <li>Administer Spevigo 900mg IV over 90 milliper protocol.</li> <li>If flare symptoms persist, an additional 90 dose of Spevigo may be administered on after the initial dose. If warranted, please submit a separate order for this dose.</li> </ul>	00mg ne week	Refills x one yea date of signature indicated bel	ow.	Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion: ✓ Negative TB Quantiferon Gold, or TB Skin Test within the last 12 months.
PRE-MEDICATIONS					
Oral         Acetaminophen:       325mg       500mg       650mg         Loratadine:       10mg         Cetirizine:       10mg         Diphenhydramine:       25mg       50mg         Famotidine:       20mg       40mg         Ibuprofen:       200mg       400mg         Ondansetron:       4mg       8mg		IV       Bexamethasone:4mg8mg         Diphenhydramine:25mg50mg         Famotidine:20mg40mg         Methylprednisolone: 125mg         Hydrocortisone: 100mg         Ondansetron:4mg8mg         Other:			
LAB ORDERS (please indicate any labs to be drawn and frequency)					
**Surveillance lab ordering and monitoring is the responsibility of the prescriber** By signing below, I certify that the above therapy is medical		<ul> <li>(Please fax this signed order form, along with the following documents to 800-223-4063)</li> <li>History &amp; Physical, Last Ofice Visit Note</li> <li>Patient Demographics and Insurance Information</li> <li>Medication List</li> <li>Recent Lab Work</li> <li>y necessary. Prescriber's Signature (SIGN BELOW)</li> </ul>			
			Substitution Allo		
V 9.27.23	Fhe information contained in this facsimile may be confidential and is intende	ea solely for the	e use of the named recipient	(s). Access, co	opying or re-use of the facsimile or any information

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