

Cosentyx (Secukinumab) Infusion/Injection Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Quantiferon lab results
- Other: _____

Cosentyx may be a weight based drug:

Patient Height (cm): _____ Patient Weight (kg): _____

Cosentyx Medication Order:

Plaque Psoriasis

- Subcutaneous Dosage for Adults
 - Induction: 300mg on Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: 300mg every 4 weeks
- Subcutaneous Dosage for Pediatric Patients 6 Years and Older
 - Dosage (Please Choose One)
 - Patients less than 50kg at the time of dosing, 75mg
 - Patients more than 50kg at the time of dosing, 150mg
 - Frequency (Please Choose One)
 - Induction: Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: Every 4 weeks

Psoriatic Arthritis

- Subcutaneous Dosage for Adults
 - Induction: 150mg on Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: 150mg every 4 weeks
 - Maintenance Only: 300mg every 4 weeks
- Intravenous Dosage for Adults (Do NOT exceed 300mg)
 - Induction: 6mg/kg on Initially and 1.75mg/kg every 4 weeks thereafter
 - Maintenance Only: 1.75mg/kg every 4 weeks
- Subcutaneous Dosage for Pediatric Patients 2 Years and Older
 - Dosage (Please Choose One)
 - Patients between 15kg and 50kg at the time of dosing, 75mg
 - Patients more than 50kg at the time of dosing, 150mg
 - Frequency (Please Choose One)
 - Induction: Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: Every 4 weeks

Ankylosing Spondylitis

- Subcutaneous Dosage for Adults
 - Induction: 150mg on Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: 150mg every 4 weeks
 - Maintenance Only: 300mg every 4 weeks
- Intravenous Dosage for Adults (Do NOT exceed 300mg)
 - Induction: 6mg/kg on Initially and 1.75mg/kg every 4 weeks thereafter
 - Maintenance Only: 1.75mg/kg every 4 weeks

Non-Radiographic Axial Spondylarthritis

- Subcutaneous Dosage for Adults
 - Induction: 150mg on Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: 150mg every 4 weeks
- Intravenous Dosage for Adults (Do NOT exceed 300mg)
 - Induction: 6mg/kg on Initially and 1.75mg/kg every 4 weeks thereafter
 - Maintenance Only: 1.75mg/kg every 4 weeks

Enthesitis-Related Arthritis

- Subcutaneous Dosage for Patients 4 Years and Older
 - Dosage (Please Choose One)
 - Patients between 15kg and 50kg at the time of dosing, 75mg
 - Patients more than 50kg at the time of dosing, 150mg
 - Frequency (Please Choose One)
 - Induction: Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: Every 4 weeks

Hidradenitis Suppurativa

- Subcutaneous Dosage for Adults
 - Induction: 300mg on Weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter
 - Maintenance Only: 300mg every 4 weeks

Additional Instructions/Notes:

Patient IV Access

- PIV
 - Use patient's SL/DL PICC, flush per protocol
 - Access/deaccess patient's Port, flush per protocol
- *Imaging results of proper placement required for PICC/Port*

Ordering Provider:

Signature: _____

Provider: _____

Best Contact Person in Office: _____

Date: _____

Phone: _____

Phone: _____

Fax: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400