

COSENTYX

(Secukinumab) Infusion



Phone: 386-957-9600

Fax: 386-957-9400

PATIENT INFORMATION

Patient Name: _____ ☐ Male ☐ Female

DOB: _____ Phone number: _____ Weight: _____

DIAGNOSIS:

Fill in IDC-10 Code with diagnosis

☐ Psoriatic Arthritis _____ ☐ Non-radiographic axial spondyloarthritis _____

☐ Psoriasis _____ ☐ Ankylosing Spondylitis _____ ☐ other _____

REQUIRED TESTING/LABS

☐ Clinical/progress notes, labs, tests supporting primary diagnosis attached

☐ recent labs: CBC, BMP, CMP w/o DIF, other labs that support diagnosis

☐ proof of past treatments that the patient has tried and failed for the above diagnosis

COSENTYX DOSING & FREQUENCY:

☐ Loading Dose – 6 mg/kg at week 0, then 1.75 mg/kg every 4 weeks thereafter

☐ Maintenance dose- 1.75 mg/kg every 4 weeks

☐ Other instructions/notes- _____

PREMEDICATION:

☐ acetaminophen 100 mg PO ☐ Diphenhydramine 25 mg PO ☐ Ceterizine 10 mg PO

☐ Solu Medrol 125 mg IVP ☐ Solu-Cortef 100 mg IVP ☐ Diphenhydramine 25 mg IVP

☐ other _____

ORDERING PROVIDER:

Name: _____ NPI _____

Phone: _____ fax: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Provider Signature _____ Date: _____