ALLIED INFUSION SERVICES

Cosentyx (secukinumab) Order

Phone: 713-222-2364 or 1-888-538-0060
Fax: 832-698-3961

Patient Information

Name:
DOB:
Address:
City: State:
Zip: Weight:
Phone:
Allergies:

Prescriber Information

Prescriber Name:
NPI:
Address:
City:
State: Zip:
Phone:

Diagnosis (please provide ICD-10 code in space provided):

☐ Rheumatoid Arthritis ☐ Ankylosing Spondylitis ☐ Psoriatic Arthritis ☐ Plaque Psoriasis ☐ Lupus ☐ Gout
☐ Granulomatosis with Polyangiitis ☐ Microscopic Polyangiitis ☐ Polyarticular Juvenile Idiopathic Arthritis
Other:

Nursing Orders: Hold infusion and notify provider for:
Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.
If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Premedications:

☐ Tylenol 650mg PO ☐ Loratadine 10mg PO ☐ Benadryl 25mg IV or PO ☐ Solu-Medrol 40mg, 125mg or ☐ mg
☐ Other:

Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

Adult:			Dosing	Qty	Refills
COSENTYX 150mg	☐ Sensoready (1x150mg/ml)	☐ Prefilled Syringe (1x150mg/ml)	☐ **Loading Dose:** Inject 150mg subcutaneously on Weeks 0,1,2,3 ☐ **Maintenance:** Inject 150mg subcutaneously on Week 4, then every 4 weeks thereafter	28 days 28 days	ZERO ☐
COSENTYX 300mg	☐ Sensoready (2x150mg/ml)	☐ Prefilled Syringe (2x150mg/ml)	☐ **Loading Dose:** Inject 300mg subcutaneously on Weeks 0,1,2,3 ☐ **Maintenance:** Inject 300mg subcutaneously on Week 4, then every 4 weeks thereafter	28 days 28 days	ZERO ☐
Pediatric:			**Dosing**	**Qty**	**Refills**
COSENTYX 75mg (wt < 50kg)		☐ Prefilled Syringe (1x75mg/ml)	☐ **Loading Dose:** Inject 75mg subcutaneously on Weeks 0,1,2,3 ☐ **Maintenance:** Inject 75mg subcutaneously on Week 4, then every 4 weeks thereafter	28 days 28 days	ZERO ☐
COSENTYX 150mg (wt ≥ 50kg)	☐ Sensoready (1x150mg/ml)	☐ Prefilled Syringe (1x150mg/ml)	☐ **Loading Dose:** Inject 150mg subcutaneously on Weeks 0,1,2,3 ☐ **Maintenance:** Inject 150mg subcutaneously on Week 4, then every 4 weeks thereafter	28 days 28 days	ZERO ☐
IV					
COSENTYX IV			☐ **Loading Dose:** 6mg/kg on week 0 ☐ **Maintenance:** 1.75 mg/kg every 4 weeks Mix in 100 ml 0.9% sodium chloride, infuse over minimum 30 minutes. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 0.2 micron)		

Prescriber Name (Please print):
Prescriber Signature: Date:

Please include a copy of the latest insurance information as well as all applicable clinical notes.
Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.