

# COSENTYX (SECUKINUMAB) ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

## DIAGNOSIS (Provider must specify)

- Psoriatic Arthritis, ICD 10: L40.5 \_\_\_\_\_
  Ankylosing Spondylitis, ICD 10: M45.9 \_\_\_\_\_  
 Non-radiographic Axial Spondyloarthritis, ICD 10: M45.A \_\_\_\_\_
  Other: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

- Demographics
  Labs and tests supporting diagnosis
  Office/progress notes

## PRE-MEDICATION (Not typically indicated)

- Acetaminophen (Tylenol) 500 mg PO
  Famotidine 20 mg IV
  Methylprednisolone (Solu-Medrol) 125 mg IVP  
 Benadryl 25mg PO
  Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Cosentyx	<input type="checkbox"/> With loading dose: 6mg/kg given at week 0, followed by 1.75mg/kg every 4 weeks thereafter  <input type="checkbox"/> Without loading dose: 1.75mg/kg  *Loading dose optional *Max. maintenance dose 300mg per infusion	<input type="checkbox"/> IV	<input type="checkbox"/> q4wks

New Start Therapy
  Continuation of Therapy
 Date of last dose (if applicable): \_\_\_\_\_

## LABS / SPECIAL INSTRUCTIONS