

COSENTYX® (SECUKINUMAB) PRESCRIBER ORDER FORM

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|----------------------|-----------------------|----------------|
| Patient Name: | Date of Birth: | Gender: |
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| Address: |
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|---------------|----------------|---|----------------|--|
| Phone: | Height: | <input type="checkbox"/> inches <input type="checkbox"/> cm | Weight: | <input type="checkbox"/> lbs <input type="checkbox"/> kg |
|---------------|----------------|---|----------------|--|

Clinical Information

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| Primary Diagnosis Description: | ICD-10 Code: |
|---------------------------------------|---------------------|

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| Allergies: <input type="checkbox"/> NKDA OR (List): |
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|-------------------|---|--|
| TB Status: | <input type="checkbox"/> PPD (negative) – date: _____ | <input type="checkbox"/> Active TB |
| | <input type="checkbox"/> Last chest x-ray – date: _____ | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Quantiferon or T Spot Assay result and date: _____ | <input type="checkbox"/> Past positive TB infection, course taken: _____ |

Cosentyx® (Secukinumab) Prescription

Cosentyx® (Secukinumab) refill as directed x 1 year

Adult

- IV: Infuse 6mg/kg at Week 0, followed by 1.75 mg/kg every 4 weeks thereafter (maximum maintenance dose 300mg per infusion)
- IV: Infuse 1.75mg/kg every 4 weeks (maximum 300mg per infusion) – no loading dose
- SUBQ: Inject 150mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
- SUBQ: Inject 150mg every 4 weeks – no loading dose
- SUBQ: Inject 300mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
- SUBQ: Inject 300mg every 4 weeks – no loading dose

Pediatric

| Weight | Dose |
|--|--|
| <input type="checkbox"/> Weight between 15-50 kg | Inject 75mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter |
| <input type="checkbox"/> Weight >= 50kg | Inject 150mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter |
| <input type="checkbox"/> Weight between 30-90 kg (Hidradenitis Suppurativa only) | |
| <input type="checkbox"/> Weight >= 90kg (Hidradenitis Suppurativa only) | Inject 300mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter |

Other: _____

Anaphylaxis Kit

Does this patient require an anaphylaxis kit?

- Yes, with 1st dose Yes, with all doses No

- Dosage:
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SUBQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
 - Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
 - 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Skilled Nursing to establish peripheral IV access as needed to manage anaphylaxis.

Pre-Medication Orders

Other: _____

IV Flush Orders

- Peripheral: NS 3 to 5 mL pre-/post-use.
- Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Lab Orders

- No labs ordered at this time.
- Other: _____

Skilled nurse to administer doses by the ordered route (IV or SUBQ). For SUBQ administration, nurse to assess, administer, and/or teach self-administration where appropriate, and provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

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|------------------------------|--------------|
| Prescriber Signature: | Date: |
|------------------------------|--------------|

Prescriber Information

| | | |
|-------------------------|---------------|-------------|
| Prescriber Name: | Phone: | Fax: |
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| | |
|-----------------|-------------|
| Address: | NPI: |
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| City, State: | Zip: | Office Contact: |
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Fax completed form, insurance information, and clinical documentation to: 713-983-4647

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