Secukinumab (Cosentyx)

Provider Order Form rev. 3/7/23

14107 Cortez Blvd
Brooksville FL 34613
P: (352)549-9962
F: (352)549-9963
www.360infusioncenter.com
E: info@360infusioncenter.com

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

0 TB status & date (list results here & attach clinicals)

_____

0 Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

☐ **Cosentyx Initiation:** : ☐ Sensoready Pen ☐ Prefilled syringe
- Dose: ☐ Inject 300mg dose SQ once a week for 5 weeks (Each 300mg dose is given as 2 SQ injections of 150mg)
- ☐ Other
- Frequency: ☐ every week / ☐every two weeks / ☐ other: _____

☐ **Cosentyx Initiation:** : ☐ Sensoready Pen ☐ Prefilled syringe
- Dose: ☐ Inject 300mg dose SQ every 4 weeks (Each 300mg dose is given as 2 SQ injections of 150mg)
- ☐ Other
- Frequency: ☐ every 4 weeks/ ☐ other: _____

Provider Name (Print) **Provider Signature** **Date**