



Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham
Phone: 207-303-3225 Fax:207-692-2473

Cosentyx (Secukinumab)-J3247

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm)	Actual Weight: _____(kg) Allergies: _____

Required labs prior to treatment:

- TB screening

Suggested labs prior to treatment:

- CBC(w/diff)/CMP
- Hepatitis B Serology
- Hepatitic C Virus Antibody
- HIV
- Pregnancy Test
- C-reactive Protein

Please list any premeds needed _____.

Intravenous Dosing of secukinumab is approved for the following indications:

- Ankylosing spondylitis, Axial Spondyloarthritis, Psoriatic Arthritis
- Please select the appropriate box(es) below
 - Loading Dose: 6 mg/kg Intravenously x 1 dose at week 0.
 - Maintenance Dose: 1.75 mg/kg Intravenously (max dose 300mg) every 4 weeks.

* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____
Provider Signature: _____ Date: _____
Phone: _____ Fax: _____ Pager: _____