NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Cosentyx (Secukinumab)—J3247

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Required labs prior to treatment:

- TB screening

Recommended 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