Atrium Health

Atrium Health Infusion Center

Referral Status:	☐ New Start ☐ Order Change ☐ Renewal
Preferred Location:	☐ Atrium Health Infusion Center Concord **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Pineville **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Southpark **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Huntersville **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Kenilworth, a facility of CMC **Fax:** 704-512-5390 ☐ Atrium Health Infusion Center Abbey Place, a facility of CMC **Fax:** 704-512-5390 ☐ Atrium Health Infusion Center Cabarrus, a facility of CMC **Fax:** 704-512-5390

Cosentyx® (secukinumab) Infusion Order (11/5/2025)

All orders with a √ will be placed.

Patient Demographics:

Patient Name:	Date of Birth:	MRN:
Address:		
City:	State:	Zip Code:

Allergies: (please list all allergies or attach list)

☐ NKDA

Diagnosis: (Complete the 2nd and/or 3rd Digits of the ICD-10)

☐ L40.5____ - Psoriatic arthritis (PsA)	☐ M45.A____ - Non-radiographic axial spondyloarthritis (nr-axSpaA)
☐ M45.____ - Ankylosing spondylitis (AS)	☐ Other:

Required Documentation: (*required prior to scheduling*)

Patient Demographic Sheet	If the patient is new to the ordered therapy, indicate washout from previous therapy:
Copy of Insurance Card (front and back)	
Most Recent Labs (*must include labs pertinent to medication ordered*)	☐ No Washout Needed
Consult Note or last 2 Office Visits with referring provider or APP	If the patient is currently on the therapy, indicate date of last infusion: Next infusion due date:
Complete Medication List - Include all tried and failed meds	If this is an order change only, indicate if the current therapy should be administered until insurance approval is received for the new request.
Diagnostic Studies Pertinent to Medication Ordered	☐ Yes ☐ No

Treatment Parameters:

☑ Hold Treatment and Notify Provider IF:
- Temperature is GREATER THAN 100oF;
- Patient complains of symptoms of acute viral or bacterial infection;
-Patient is taking an antibiotic for current infection.

☑ Required Lab Results: PPD/Quantiferon Gold result within 90 days PRIOR to first treatment. (**Fax labs with order**)

☑ Hold Treatment and Notify Provider IF:
- PPD/Quantiferon Gold: POSITIVE result, or not on file

Provider Communication:

☑ Cases of Inflammatory Bowel Disease (IBD) were observed in clinical trials. Exercise caution when prescribing Cosentyx (secukinumab) for patients with IBD.

Nursing Communication:

☑ Start PIV/Access CVC and flush device per approved Atrium Health protocol.

☑ Obtain baseline vitals prior to infusion and once after infusion is complete.

☑ Monitor patient for signs of reaction for 30mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

☑ Assess for new onset of inflammatory bowel disease: diarrhea, fever, fatigue, blood in stool, stomach pain, bloating and cramping, bleeding ulcers, reduced appetite, unintended weight loss, and anemia.

Pre-Medications: (Administer all pre-medications 30mins prior to treatment)

☐ Acetaminophen (Tylenol) 650mg PO ONCE

☐ Diphenhydramine (Benadryl) 25mg PO ONCE

☐ Diphenhydramine (Benadryl) 25mg IV ONCE

☐ Loratadine (Claritin) 10mg PO ONCE

☐ Methylprednisolone Sodium Succinate (Solu-Medrol) 125mg IV ONCE

☐ Hydrocortisone Sodium Succinate (Solu-Cortef) 100mg IV ONCE

Infusion Therapy:

☐ Loading Dose (Week 0)

- ☐ Secukinumab (Cosentyx) IV 6mg/kg over 30 minutes ONCE

☐ Maintenance dose: (Start 4 weeks after the first dose)

- ☐ Secukinumab (Cosentyx) IV 1.75mg/kg over 30 minutes every 4 weeks (max maintenance dose 300mg per infusion)

Supportive Care Medications:

☑ Acetaminophen (Tylenol) 650mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give first if not given as a pre-medication.

☑ Ondansetron (Zofran) 4mg IV ONCE PRN nausea/vomiting.

☑ Ibuprofen (Motrin) 800mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give second after acetaminophen.

Hypersensitivity Protocol:

☑ Initiate Atrium Health approved hypersensitivity protocol in the event of an acute adverse or anaphylactic infusion/injection reaction. The hypersensitivity protocol can be found on the Atrium Health Infusion Center website at atriumhealth.org/infusion.

Prescriber Information:

Provider Name:	Phone: Fax:
Practice Name:	NPI:
Address:	Office Contact:
City, State, Zip:	Office Contact Phone Number:

Physician Signature: (*Order expires 12 months from date of signature*) No Stamp Signatures Accepted

Signature:	Date: