Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

COSENTYX

Provider Order Form

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
ICD-10 code (required):	ICD-10 description:	
☐NKDA Allergies:		Weight lbs/kg:

REFERRAL STATUS

☐New Referral ☐Referral Renewal ☐Medication/Order Change ☐Benefits Verification Only ☐Discontinuation Order

PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

INDICATIONS AND USAGE

COSENTYX is a human interleukin-17A antagonist indicated for the treatment of:

- moderate to severe **plaque psoriasis (PsO)** in patients 6 years and older who are candidates for systemic therapy or phototherapy. (1.1)
- active **psoriatic arthritis (PsA)** in patients 2 years of age and older. (1.2)
- adults with **active ankylosing spondylitis** (AS). (1.3)
- adults with active **non-radiographic axial spondyloarthritis (nr-axSpA)** with objective signs of inflammation. (1.4)
- active **enthesitis-related arthritis (ERA)** in pediatric patients 4 years of age and older. (1.5)
- adults with moderate to severe **hidradenitis suppurativa (HS)** (1.6)

DOSAGE AND ADMINISTRATION

Prior to COSENTYX initiation, complete all age-appropriate vaccinations, evaluate patients for tuberculosis (TB). (2.1). See Full Prescribing Information for instructions on preparation and administration of COSENTYX. (2.2, 2.9, 2.10)

- **Administration of Intravenous Formulation:** COSENTYX for intravenous use must be diluted prior to administration. Administer as an intravenous infusion after dilution over a period of 30 minutes. (2.10)

Plaque Psoriasis:

- *Subcutaneous Dosage in Adults:* Recommended dosage is 300 mg by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 followed by 300 mg every 4 weeks. For some patients, a dose of 150 mg may be acceptable. (2.3)
- *Subcutaneous Dosage in Pediatric Patients 6 Years and Older:* Recommended weight-based dosage is administered by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter.
  - For patients < 50 kg (at the time of dosing), the dose is 75 mg.
  - For patients ≥ 50 kg (at the time of dosing), the dose is 150 mg. (2.3)

- **Psoriatic Arthritis:**

Adult Patients

Subcutaneous Dosage:

- For PsA patients with coexistent moderate to severe PsO, use the dosage and administration for PsO. (2.3)
- For other PsA patients, administer with or without a loading dosage.
  - With a loading dosage: 150 mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
  - Without a loading dosage: 150 mg every 4 weeks
  - If a patient continues to have active PsA, consider a dosage of 300 mg every 4 weeks. (2.4)

Intravenous Dosage:

The recommended intravenous dosages are:

- With a loading dosage: 6 mg/kg given at Week 0 as a loading dose, followed by 1.75 mg/kg every 4 weeks thereafter (max. maintenance dose 300 mg per infusion).
- Without a loading dosage: 1.75 mg/kg every 4 weeks (max. maintenance dose 300 mg per infusion). (2.4)

Pediatric Patients 2 Years and Older

Subcutaneous Dosages: Administer by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter:

- For patients ≥ 15 kg and < 50 kg the dose is 75 mg.
- For patients ≥ 50 kg the dose is 150 mg. (2.5)

- **Ankylosing Spondylitis:**

Subcutaneous Dosage:

Administer with or without a loading dosage.

The recommended dosages are:

- With a loading dosage: 150 mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter.
- Without a loading dosage: 150 mg every 4 weeks.
- If a patient continues to have active ankylosing spondylitis, consider a dosage of 300 mg every 4 weeks. (2.6)

Intravenous Dosage:

The recommended intravenous dosages are:

- With a loading dosage: 6 mg/kg given at Week 0 as a loading dose, followed by 1.75 mg/kg every 4 weeks thereafter (max. maintenance dose 300 mg per infusion).
- Without a loading dosage: 1.75 mg/kg every 4 weeks (max. maintenance dose 300 mg per infusion). (2.6)

- **Non-Radiographic Axial Spondyloarthritis:**

Subcutaneous Dosage:

Administer with or without a loading dosage. The recommended dosage is:

- With a loading dosage: 150 mg at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter.
- Without a loading dosage: 150 mg every 4 weeks. (2.7)

Intravenous Dosage:

The recommended intravenous dosages are:

- With a loading dosage: 6 mg/kg given at Week 0 as a loading dose, followed by 1.75 mg/kg every 4 weeks thereafter (max. maintenance dose 300 mg per infusion).
- Without a loading dosage: 1.75 mg/kg every 4 weeks (max. maintenance dose 300 mg per infusion). (2.7)

- **Enthesitis-Related Arthritis:** Recommended weight-based dosage is administered by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter.
  - For patients ≥ 15 kg and < 50 kg the dose is 75 mg.
  - For patients ≥ 50 kg the dose is 150 mg. (2.8)
- **Hidradenitis Suppurativa:** Recommended dosage is 300 mg administered by subcutaneous injection at Weeks 0, 1, 2, 3 and 4 and every 4 weeks thereafter. If a patient does not adequately respond, consider increasing the dosage to 300 mg every 2 weeks. (2.9)

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DOSAGE FORMS AND STRENGTHS

Subcutaneous Injection

- Injection: 300 mg/2 mL solution in a single-dose UnoReady® pen and in a single-dose prefilled syringe. (3)
- Injection: 150 mg/mL solution in a single-dose Sensoready® pen and in a single-dose prefilled syringe. (3)
- Injection: 75 mg/0.5 mL solution in a single-dose prefilled syringe (for pediatric patients). (3)

Intravenous Infusion

- Injection: 125 mg/5 mL solution in a single-dose vial. (3)

CONTRAINDICATIONS

Serious hypersensitivity to secukinumab or any excipients in COSENTYX. (4)

WARNINGS AND PRECAUTIONS

- Infections: Serious infections have occurred. Exercise caution when considering the use of COSENTYX in patients with a chronic infection or a history of recurrent infection. If a serious infection develops, discontinue COSENTYX until the infection resolves. (5.1)
- Hypersensitivity Reactions: If an anaphylactic reaction or other serious allergic reaction occurs, discontinue COSENTYX immediately and initiate appropriate therapy. (5.2)
- Tuberculosis (TB): Prior to initiating treatment with COSENTYX, evaluate for TB. (5.3)
- Inflammatory Bowel Disease (IBD): Cases of IBD were observed in clinical trials. Exercise caution when prescribing COSENTYX to patients with IBD. (5.4)
- Eczematous Eruptions: Cases of severe eczematous eruptions have occurred in patients receiving COSENTYX. (5.5)
- Immunizations: Avoid use of live vaccines in patients treated with COSENTYX. (5.7)

ADVERSE REACTION

Most common adverse reactions (> 1%) are nasopharyngitis, diarrhea, and upper respiratory tract infection. (6.1)