

INFUSION & MEDICAL CENTER

1. Patient Name _____ **DOB** _____ **Patient Phone/Cell #** _____

Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD-10 Code):

Primary Diagnosis:

_____ Ankylosing Spondylitis (AS) of _____ region ICD-10 Code: M45.0 _____

_____ Psoriatic Arthritis (PsA) ICD-10 Code: L40.5 _____

_____ Non-radiographic axial spondyloarthritis of _____ ICD-10 Code: M45.A _____

_____ Other: _____ ICD-10 Code: _____

Allergies: _____ (or attach list)

3. Clinical Information — Please fax with Infusion Order Form:

- Clinical documentation supporting primary diagnosis
- Recent Lab/Test Results including:
 - o TB results
- Medication List
- Previous Drug Therapy History, including therapies trialed/failed and date of last administration:

Patient
Weight: _____ lbs.
Height _____ in.

Cimzia Enbrel Humira Infliximab Skyrizi Stelara Other: _____

o Date _____ Desired Washout Period: _____ week(s)

• Lab Orders: _____ **Frequency:** Every infusion Other: _____

COSENTYX® (secukinumab)

J Code: J3247

4. Drug Order:

Loading Dose

Administer 6 mg/kg IV (_____ mg) at week 0

Doses Authorized: 1 (one)

Maintenance Regimen *

Administer 1.75 mg/kg IV (_____ mg) every 4 weeks

Doses Authorized: 12 (twelve)

*Maintenance Regimen: To begin 4 weeks after start of loading dose & max dose of 300 mg per infusion as recommended in PI

Pre-Medication Orders: _____

No Pre-medications are recommended based on manufacturer guidelines.

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing our services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____

Dispense as written

Substitution permitted

Printed Physician's Name with Credentials: _____ Phone #: _____

<p>FAX ALL INFORMATION CENTRAL FAX 803.999.1754</p>	<p>INFUSION CENTER LOCATIONS BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760</p>
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