



PO_COSENTYX ORDERS

Last Revised: 02/01/2024

Secukinumab (Cosentyx) Order Set:

Name:		DOB:	Height:	Weight:	(kg)
					, 0,
Assign as Ou	tpatient				
status and a n	one per MD office as Outpatie egative TB skin test (or other a uling of appointment for patient	ppropriate documenta			
Diagnosis:					
M05	Ankylosing Spondylitis Rheumatoid Arthritis Psoriatic Arthritis	M45Axia M06Rhe Other (ICD-10 Co	al Spondyloarthritis eumatoid Arthritis ede):		
	r conductivities	01101 (100 10 00	(do).		
	patients for any active infectiond call MD	ons prior to administrat	ion, if any signs or sympto	oms of infection	present
Aceta	n: nhydrAMINE 25 mg IV x 1 dos minophen 650 mg PO x 1 dos :	emethylPR	IrAMINE 25 mg PO x 1 do EDNISolone 125 mg IV x		
every 4 weeks	on: Dose – Secukinumab 6 mg/kg . Max maintenance dose = 300 ng Dose – Secukinumab 1.75 i) mg			
	cukinumab in normal saline to	a final volume of base	d upon patient weight and	d infuse over 30	
	s: ≤ 52 kg: Loading dose – dilute volume	to 100 mL total volum	e, maintenance dose dilu	ite to 50 mL tota	ıl
2.	>52 kg: Loading and maintena vith NS 50 mL IV after each inf		00 mL total volume		
	l Saline 10 ml IV flush after eac planted ports: Heparin 100 unit		each use or prior to dead	ccessing	
Discharge whe	en infusion complete				
New MD orde	er required every 6 months unle	ess defined in original	order		
Physician Sign	nature:		Date/Time·		
Physician Sigr	nature:		Date/Time:		_



