Cosentyx IV® (secukinumab IV) Referral Form

Preferred Clinic (select one): _____

VIVO infusion®

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Referral ☐ Referral Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

☐ NKDA Allergies: Weight (kg): Height:

ICD-10 Code (required): ICD-10 Description: Last Infusion Date: Last 4 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Physician Preferred Method of Contact: ☐ Email: ☐ Fax: ☐ Phone:

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☑ Infusion to be administered per Vivo Protocols

LABORATORY ORDERS

☑ **Clinic Specimen Collection Authorization: If required labs are not received prior to appointment, infusion clinic staff are authorized to draw required labs under the referring provider's NPI and route results back to the referring office.**

- ☐ CBC w/ diff ☐ at each dose ☐ every _____
- ☐ CMP ☐ at each dose ☑ every _____
- ☐ CRP ☐ at each dose ☐ every _____
- ☐ OTHER _____

PREMEDICATIONS

- ☐ acetaminophen (Tylenol) ☐ 500 mg ☐ 650 mg ☐ 1000 mg PO
- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ diphenhydramine (Benadryl) ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV
- ☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV

Other: _____

Dose: _____ Route: _____

COSENTYX IV ADMINISTRATION

- ☐ **Loading dose:** 6 mg/kg IV at Week 0
- ☐ **Maintenance Dose:** 1.75 mg/kg IV every 4 weeks
- ☑ Post-infusion line flush with 20 mL NS or D5W

REQUIRED DOCUMENTATION

- ☐ **Patient Demographics**
- ☐ **Insurance Card/Information**
- ☐ **Progress Notes Supporting DX**
- ☐ **Current Medication List and H&P**
- ☐ **TB Results within 6 months**

Provider Name (Print) **Provider Signature** **Date**

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Oklahoma: 918-770-4421	Virginia: 804-500-5941
Connecticut: 203-724-4838	Michigan: 833-957-2188	New York: 800-540-1852	Pennsylvania: 215-399-9244	Wisconsin: 414-600-5383
Florida: 904-930-4211	Minnesota: 763-290-0903	Ohio: 216-400-0674	Texas: 469-340-0044	

Referral is valid for one year unless otherwise noted