

Ilaris (Canakinumab) Injection Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Quantiferon lab results
- Other: _____

Ilaris is a weight based drug: Patient Height (cm): _____ Patient Weight (kg): _____

Ilaris Subcutaneous Medication Order:

Adult-Onset Still's Disease and Systemic Juvenile Idiopathic Arthritis

- 4mg/kg (max 300mg) with patients 7.5kg and over every 4 weeks

Cryopyrin-Associated Periodic Syndromes (CAPS)

- Patients > 40kg, 150mg every 8 weeks
- Patients between 15kg and 40kg, 2mg/kg every 8 weeks

Tumor Necrosis Factor Receptor Associated Periodic Syndrome, Hyperimmunoglobulin D Syndrome/Mevalonate Kinase Deficiency, Familial Mediterranean Fever

- Dosage for patients ≤ 40kg
 - 2mg/kg every 4 weeks
 - 4mg/kg every 4 weeks
- Dosage for patients > 40kg
 - 150mg every 4 weeks
 - 300mg every 4 weeks

Gout Flares

- Single-dose of 150mg
 - Re-treatments need at least 12 weeks before a new can be administered. New script will be needed.

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400