

# Ilaris Injection Order

(canakinumab)



InfusionForHealth.com  
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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics       Insurance Information       TB Labs  
 H & P Relevant to Diagnosis       Current Medications  
 Current CBC & CMP

## PATIENT INFORMATION

## PROVIDER INFORMATION

Patient Name: \_\_\_\_\_

Printed Provider's Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Allergies: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weight: \_\_\_\_\_ lbs / kg    Height: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_    Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Diagnosis: \_\_\_\_\_

Office Address: \_\_\_\_\_

ICD-10: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## ILARIS (CANAKINUMAB) SUBCUTANEOUS INJECTION DOSAGE:

Date of Last Treatment, If Continuation: \_\_\_\_\_

	BODY WEIGHT	RECOMMENDED DOSE	RECOMMENDED TITRATION
<b>Still's Disease: SJIA and AOSD</b>	≥7.5 kg	<input type="checkbox"/> 4 mg/kg (with a max of 300mg) every 4 weeks	–
<b>PFS: FMF, HIDS/MKD, and TRAPS</b>	≥40 kg	<input type="checkbox"/> 2 mg/kg every 4 weeks	<input type="checkbox"/> Dose can be increased to 4mg/kg every 4 weeks
	> 40kg	<input type="checkbox"/> 150 mg every 4 weeks	<input type="checkbox"/> Dose can be increased to 300mg every 4 weeks
<b>PFS: CAPS (FCAS and MWS)</b>	≥15kg to ≥ 40 kg	<input type="checkbox"/> 2 mg/kg every 8 weeks	<input type="checkbox"/> Dose can be increased to 3mg/kg
	>40 kg	<input type="checkbox"/> 150 mg every 8 weeks	–