

Ilaris Injection



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Demographics and insurance. Relevant, recent office notes. Current medication list. Current CBC & CMP

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: M06.1 Adult-Onset Still's Disease
 M08.20 Systemic Juvenile Idiopathic Arthritis
 M04.1 Periodic Fever Syndrome

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

ILARIS SUBCUTANEOUS AT LOCATION DOSAGE

Date of Last Treatment, If Continuation: _____

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

To ensure that a brand name product be dispensed, the prescriber must handwritten "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.