

# Canakinumab (Ilaris)

Provider Order Form rev. 10/12/2022



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## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## THERAPY ADMINISTRATION

**Canakinumab (Ilaris)**

### For Stills Disease including Adult Onset Stills Disease and Systemic Juvenile Idiopathic Arthritis.

4mg/kg (with a max of 300mg) for patients with a body weight greater than or equal to 7.5kg subcutaneous every 4 weeks

### For Cryopyrin-Associated Periodic Syndromes (CAPS)

- 150mg for patients with body weight greater than 40kg subcutaneous every 8 weeks
- 2mg/kg for patients with body weight greater than or equal to 15kg and less than or equal to 40kg subcutaneous every 8 wks

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

Body weight less than or equal to 40kg

- 2mg/kg subcutaneous every 4 weeks
- 4mg/kg subcutaneous every 4 weeks - consider if clinical response not adequate.

Body weight greater than 40kg

- 150mg subcutaneous every 4 weeks
- 300mg subcutaneous every 4 weeks - consider if clinical response not adequate.

Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## NURSING

- Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation
- TB status & date (list results here & attach clinicals)  
\_\_\_\_\_

## OBSERVATION (PLEASE SELECT BELOW)

- Patient is required to stay for 30 minutes observation
- Other: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

\_\_\_\_\_  
Prior to initiating immunomodulatory therapies, including ILARIS, patients should be evaluated for active and latent tuberculosis infection.

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date