

# Canakinumab (Ilaris)



Provider Order Form rev. 08/17/2023

## PATIENT INFORMATION

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

Date:	Patient Name:	DOB:
ICD-10 code (required):		ICD-10 description:
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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 IVX Nursing Procedures, including reaction management and post-procedure observation **NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 05.01.2023)  
☒ 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

## FAX NUMBERS

<input type="checkbox"/> AUSTIN: 512-772-2824	<input type="checkbox"/> CONNECTICUT: 860-955-1532	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028	<input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191	<input type="checkbox"/> RALEIGH: 919-287-2551
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096	<input type="checkbox"/> JACKSONVILLE: 904-212-2338	<input type="checkbox"/> NORTH JERSEY: 551-227-2823	<input type="checkbox"/> SAN ANTONIO: 726-238-9950
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> DELAWARE: 302-596-8553	<input type="checkbox"/> KANSAS CITY: 844-900-1292	<input type="checkbox"/> NORTHWEST AR: 888-615-1445	<input type="checkbox"/> SARASOTA: 941-870-6550
<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> EAST TN: 615-425-7427	<input type="checkbox"/> LAKELAND: 863-316-3910	<input type="checkbox"/> ORLANDO: 844-946-0867	<input type="checkbox"/> SOUTH JERSEY: 856-519-5309
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052	<input type="checkbox"/> LITTLE ROCK: 501-451-5644	<input type="checkbox"/> PALM BEACH: 561-768-9044	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> HARRISBURG: 844-859-4235	<input type="checkbox"/> MIAMI: 786-744-5687	<input type="checkbox"/> PHILADELPHIA: 844-820-9641	<input type="checkbox"/> TAMPA: 844-946-0849
	<input type="checkbox"/> HOUSTON: 832-631-9595	<input type="checkbox"/> MIDDLE TN: 888-615-1445	<input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200	<input type="checkbox"/> WEST TN: 888-615-1445